

**Administrative Procedures for Economic
Assistance and Health Care Coverage Programs**
Service Chapter 448-01

**North Dakota Department of Human Services
600 East Boulevard Dept. 325
Bismarck, ND 58505-0250**

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Administrative Procedures for Economic Assistance and Health Care Coverage Programs 448-01

Purpose of Administrative Procedures 448-01-05 (Revised 3/1/2012 ML #3304)

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The purpose of this manual is to provide the administrative procedures that are common to the administration of the Basic Care Assistance Program (BCAP), Child Care Assistance Program (CCAP), Health Care Coverage (Medicaid and Healthy Steps), Low Income Heating Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF).

For specific program policies, refer to the individual [program policy manuals](#).

The administrative procedures in this manual do not address every possible situation. Eligibility workers must [Prudent Person Concept](#) work with considerable independence, make decisions based on the prudent person concept and document the reasons for their decisions. Eligibility workers who encounter an unusual situation may need to consult with their supervisor or regional representative.

Definitions 448-01-10
(Revised 3/1/12 ML #3304)
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Alien - an individual who is still a subject or citizen of a foreign country and who has not been granted U.S. citizenship.

Appeal - a specific request for Departmental review, by a dissatisfied, applicant, recipient, provider or their representative concerning a decision made by a county social service office or by a division of the Department.

Appeals Supervisor – an official of the Legal Advisory Unit of the Department who oversees the appeal process.

Authorized Representative - A responsible adult non-household member authorized in writing by the household to act on behalf of the household.

Beneficiary and Earnings Data Exchange System (BENDEX) Wage – annual earnings data received from SSA through IEV interface.

Beneficiary Earnings Exchange Record (BEER) – an interface record that matches information received from SSA with information in TECS and Vision systems to generate the BENDEX WAGE hits for IEVS.

Collateral Contact - knowledgeable individuals or sources who can support or verify information.

Department - the North Dakota Department of Human Services.

Disclosure - communication of any information from the applicant or recipient's record to anyone other than the recipient. It does not include the transfer or exchange of information between or among units within the Economic Assistance or Health Care Coverage Programs for the purpose of administration of a program.

Ex Parte – Decision made without requiring a recipient to provide a specific form.

Fair Hearing - an administrative review of a decision considering evidence and arguments presented by an applicant, recipient, their representative, a county social service office or division of the Department.

Federal Tax Information – Information regarding an individual's financial circumstances received from the Internal Revenue Service through the IEVS interface.

Household - an individual or group of individuals receiving or applying for benefits.

Income Eligibility Verification System (IEVS) – income and asset data received through an interface from the Internal Revenue Service, Social Security Administration and Job Service.

Intentional Program Violation Hearing (IPV) - a hearing conducted for individuals or households accused of intentional program violations, who do not waive their rights to such a hearing, to determine if the individuals or household members committed, and intended to commit, intentional program violations.

NUMIDENT – a system interface with SSA that verifies social security numbers.

Prudent Person Concept – A process in which an individual consistently exhibits good judgment in requesting, reviewing, and weighing information provided by an applicant or recipient, or a person representing an applicant or recipient.

Individuals must use this concept to:

- Exercise judgment in requesting, reviewing, and weighing information provided by an applicant, recipient, or any source of verification.
- Be attentive, vigilant, cautious, perceptive, and governed by reason and use common sense.
- Quickly and accurately determine that the information is adequate for making an eligibility decision or that further exploration of the circumstances is necessary.

The decision arrived at when applying this concept must be documented.

Recipient - an individual who is receiving or has received benefits under Economic Assistance or Health Care Coverage Programs.

Release of Information – a signed statement by an applicant or recipient authorizing disclosure of any kind of information the household has provided for the purpose of determining eligibility for Economic Assistance and Health Care Coverage Programs.

Safeguarding Information - the protection of confidential information entrusted to the Department by recipients and other agencies.

State Data Exchange (SDX) - a system interface with Social Security Administration that verifies Supplemental Security Income (SSI).

State Verification and Exchange System (SVES) – an interface with the Social Security Administration (SSA) that matches information in the TECS and Vision systems. These include SDX, BENDEX, NUMIDENT, TPQY and Citizenship.

Systematic Alien Verification for Entitlement Program (SAVE) - The system is used to verify immigration status of applicants and recipients who are not U. S. Citizens.

Third Party Query Procedure (TPQY) - the on-line method of requesting verification of Social Security, SSI and Medicare benefits, and US citizenship verification.

Tolerance – Established variance levels for matches received through the Income Eligibility Verification System (IEVS).

Unidentified Financial Object (UFO) - an interface record that matches information received from IRS with information in TECS and Vision systems to generate the UFO hits for IEVS.

Unidentified Financial Object (UFO) - an interface record that matches information received from IRS with information in TECS and Vision systems to generate the UFO hits for IEVS.

USCIS – United States Citizenship and Immigration Services.

Responsibilities 448-01-15**State Responsibilities 448-01-15-05
(Revised 3/1/12 ML #3304)**[View Archives](#)

The North Dakota Department of Human Services is responsible to administer, allocate, and distribute state and federal funds. These funds are made available for the purpose of providing financial assistance and services to eligible individuals and families who do not have sufficient income, assets, or other resources to meet their financial and medical needs. The state office is responsible to direct and supervise county social service office activities.

Employees who have access to Internal Revenue Service (IRS) and Social Security Administration (SSA) information received through a computer match are required to receive initial and annual safeguard training. The training includes IRS and SSA requirements, confidentiality requirements, and the Privacy Act. The training addresses statutes governing the release of such data and penalties for unauthorized access to, or unauthorized disclosure of such data.

The department is responsible to develop and ensure staff complete the training. Staff must take the training upon start of employment and annually thereafter. TECS access will be revoked for failure to complete the annual training in the allotted timeframe. The training is available through E-Learning and includes information regarding:

- Internal Revenue Service (IRS) requirements
- Social Security Administration (SSA) requirements
- Confidentiality and safeguarding requirements
- The Privacy Act
- Statutes governing the release of such data
- Penalties for unauthorized access to or unauthorized disclosure of such data

County Responsibilities 448-01-15-10 **(Revised 12/1/12 ML #3352)**

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The county social service agencies are responsible for the administration of Economic Assistance and Health Care Coverage programs within the guidelines established by the Department. The county social service agencies are responsible for submitting accurate and timely financial and program reports as required by the Department for its direction and supervision of the programs. Counties must also provide information to the public regarding specific programs.

County social service staff are responsible for effective case management consisting of:

1. Ensuring contact with applicants or recipients is pleasant and courteous;
2. Providing assistance to applicants and recipients in completing necessary forms and obtaining required information to determine initial and ongoing eligibility.
3. Determining initial and continued eligibility for assistance programs timely, conducting interviews and verify appropriate information, applying program policy, and the [prudent person concept](#). Only factual information relevant to the determination of eligibility will be requested and entered into the case file;
4. Providing the applicant or recipient with program information, benefit information and program requirements using the Application for Assistance Guidebook, program brochures and other available information;
5. Providing information and referral services necessary for applicants and recipients to become fully or partially self-sufficient or to resolve other issues;

6. Establishing easy access for applicants or recipient to provide information and report changes;
7. Ensuring that all reports of changes, complaints, and inquiries are responded to and acted upon promptly and accurately;
8. Maintaining and using computer systems for determining eligibility; and
9. Utilizing reports generated from eligibility systems to manage caseloads.
10. Providing casefile and all other pertinent information required for administrative reviews or audits conducted periodically by federal, state and county staff.

NOTE: State office staff will be responsible for obtaining information from electronic case files if available.

County social service staff who have access to Internal Revenue Service (IRS) and Social Security Administration (SSA) information received through a computer match are required to receive initial and annual safeguard training. The training includes IRS and SSA requirements, confidentiality requirements, and the Privacy Act. The training addresses statutes governing the release of such data and penalties for unauthorized access to, or unauthorized disclosure of such data.

The county social service office is responsible to ensure staff complete the training. Staff must take the training upon start of employment and annually thereafter. TECS access will be revoked for failure to complete the annual training in the allotted timeframe. The Department makes this training available through E-Learning. The training includes information regarding:

- Internal Revenue Service (IRS) requirements
- Social Security Administration (SSA) requirements
- Confidentiality and safeguarding requirements
- The Privacy Act
- Statutes governing the release of such data

- Penalties for unauthorized access to or unauthorized disclosure of such data

Error or Delays 448-01-15-15
(Revised 3/1/12 ML #3304)
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Errors made and delays caused by the actions of eligibility workers or other public officials do not create eligibility or additional benefits for an applicant or recipient who is adversely affected.

Right to be Treated with Courtesy and Respect
448-01-15-20
(Revised 3/1/12 ML #3304)
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State and County staff are required to treat applicants and recipients of Economic Assistance and Health Care Coverage Programs with courtesy and respect.

**Program Policy Manuals 448-01-15-25
(Revised 3/1/12 ML #3304)**

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State and county social service offices are required to maintain program policy manuals and make them available for examination by the public upon request, either hard copy or online. This includes rules and regulations governing eligibility, need and amount of assistance, recipient rights and responsibilities and types of services offered. Agencies have the right to insist that examination of policies be restricted to regular hours during normal workdays.

State and county social service offices are required to reproduce without charge or at reasonable cost all or parts of the program policy manuals, rules and regulations requested by an applicant, recipient, their representative or other individuals or organizations.

Training 448-01-15-30
(Revised 3/1/12 ML #3304)
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Counties are responsible to train county staff. However, State staff do assist in providing this training through:

- New worker policy training
- Experienced worker policy training
- Regional Representatives county visits
- Quality Improvement Reviews (QIR's)
- General correspondence
- Civil Right training
- Safeguarding of Federal Tax and Social Security Administration (SSA) information
- New worker TECS system training
- New worker Vision system training
- Conferences

These trainings are conducted in-person and through E-Learning. To access E-Learning, refer to the E-Learning Manual in the training folder on the County Intranet.

Electronic Correspondence 448-01-15-35 **(Revised 3/1/12 ML #3304)**

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State and county social service offices correspond electronically via fax or e-mail with applicants, recipients, other agencies and each other. Electronic correspondence must be retained for three years based on policy at [Case File Destruction 448-01-40-45-10](#).

Program policies allow for counties to electronically correspond with applicants and recipients. Counties are not required to communicate via e-mail or to provide applicants and recipients with their e-mail address, however, if an applicant or recipient requests a worker's or county's e-mail address, the state's open records law requires it be provided.

If a county does provide an e-mail address to applicants and recipients, it is recommended that the county have one e-mail address for the county where applicants and recipients send their information. This will allow for another worker to receive information when a worker is out on leave.

When accepting information via e-mail, care must be used to ensure the e-mail is from the applicant or recipient.

If a household reports a change via e-mail on a weekend, holiday or after hours, the change is considered reported on the next working day.

Should the applicant or recipient report information via e-mail, refer to program policies. All Economic Assistance and Health Care Coverage programs consider changes reported via e-mail as signed by the household with the exception of SNAP.

Non-Discrimination 448-01-20

General Statement 448-01-20-05 (Revised 3/1/12 ML #3304)

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Programs and services administered and supervised by the Department, directly or through contractual agreements, must be made available without regard to race, color, religion, national origin, age, sex, political beliefs, disability, or status with respect to marriage. These programs and services must also be accessible to persons with disabilities and comply with:

- Title I and Title II of the Americans with Disabilities Act of 1990 as amended
- Section 504 of the Rehabilitation Act of 1973 as amended
- Title VI of the Civil Rights Act of 1964 as amended
- Age Discrimination Act of 1975 as amended
- North Dakota Human Rights Act of 1983

Policies on non-discrimination can be found in 300-01 – Non-Discrimination to Client, located on the County Intranet in the 'Legal' folder.

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Persons needing accommodation or who have questions or complaints regarding the provision of services according to these Acts may contact the following Civil Rights Officers:

Program Civil Right Officer North Dakota Department of Human Services Legal Advisory Unit's 600 E Boulevard Avenue Dept 325 Bismarck, ND 58505-0250 701-328-2311 TTY 1-800-366-6888 FAX 701-328-2173	U.S. Department of Health and Human Services Office for Civil Rights, Region VIII 1961 Stout Street Federal Office Building, Room 1426 Denver, Colorado 80294 303-844-2024 TTY 303-844-3439 FAX 303-844-2025
U.S. Department of Agriculture Assistance Secretary of Civil Rights Office 1400 Independence Avenue SW Room 240-W Washington, D.C. 20250 1-800-795-3272 or 202-720-3808 TTY 202-401-0216 FAX 202-720-8046	U.S. Department of Health and Human Services Office of Civil Rights 200 Independence Avenue SW HHH Building, Room 509-F Washington, D.C. 20201 202-619-0403 TTY 1-800-537-7697 FAX 202-619-3437

A valid civil rights complaint must be in writing and include the name of the individual or organization against whom the complaint is made; the basis of the discrimination, e.g. race, age, religion, national origin, color, gender, disability or status with respect to marriage or public assistance; and the reason for the complaint (details of when, where, and how the alleged discrimination occurred).

Confidentiality and Safeguarding of Information 448-01-25

General Statement 448-01-25-05 (Revised 3/1/12 ML #3304)

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Federal and state laws and regulations strictly limit the use and disclosure of confidential information concerning applicants or recipients of Economic Assistance and Health Care Coverage Programs for purposes directly related to the administration of those programs. Confidential information includes any written, verbal or electronic information that can uniquely identify an individual regardless of whether or not it is incorporated into a casefile. Safeguards go into effect with the initial contact which may be as early as an inquiry of the application process or availability of services. Safeguards remain in effect indefinitely and are not terminated by the cessation of services or assistance or by an individual's death.

Information relating to direct administration of Economic Assistance and Health Care Coverage Programs includes:

1. Establishing eligibility, determining amount of assistance, and providing needed services for recipients; and
2. Any investigation, prosecution, or criminal or civil proceeding conducted in connection with the administration of such programs.

State and county staff have access to information that is of a highly private nature which may include:

- Conversations and narratives
- Paper and electronic files and records
- Reports
- Eligibility systems

- Mail, including e-mail
- Faxes

This information may also include issues such as illegitimacy, mental illness and deficiency, criminal histories, economic distress, marital discord, and congenital deformities or other medical handicaps. Extreme discomfort, embarrassment, and harm can result for the individual or family if such information falls into the hands of unauthorized persons. For this reason, strict standards for safeguarding this information are defined in federal and state laws and regulations. Violation of these laws and regulations may be subject to penalties as defined in the Confidentiality Manual section 110-01-15.

Confidentiality must be maintained when contacting collateral sources for information to verify eligibility.

Additional policies on confidentiality and safeguarding of information can be found in the Confidentiality Manual located on the County Intranet in the 'Legal' folder.

Confidential Information 448-01-25-10**Confidential Information that Must Not be Released
448-01-25-10-05****(Revised 3/1/12 ML #3304)**[View Archives](#)

Certain information must not be released to any individual or agency, even when the applicant/recipient has signed a Release of Information. Information that must not be released includes:

- **Information obtained from the Internal Revenue Service (IRS).** This information is the property of the IRS and is identified as UFO and BENDEX Wage hits received through the IEVS Interface. It may only be used to determine eligibility, ongoing benefits or payments for Economic Assistance or Health Care Coverage Programs.
- **Information obtained through the Vital Statistics Interface with the ND State Health Department.** This information is the property of Vital Statistics office at the North Dakota Department of Health. Information received through the Vital Records interface may only be used to determine eligibility, ongoing benefits or payments for Economic Assistance or Health Care Coverage Programs.
- **Information obtained through the Unemployment Insurance Benefits (UIB) Interface with Job Service of North Dakota.** This information is the property of Job Service North Dakota and may only be used to determine eligibility, ongoing benefits or payments for Economic Assistance or Health Care Coverage Programs.
- **Information obtained through Social Security Administration (SSA) Interfaces.** This information is the property of SSA and may only be used to determine eligibility, ongoing benefits or payments for Economic Assistance or Health Care Coverage Programs.

NOTE: SSA information, with exception of BENDEX Wage, received through the interface may be released to the applicant or recipient with a signed release of information but cannot be released to any other individual or agency.

SSA information provided by the applicant or recipient may be shared upon receipt of a signed release of information from the applicant or recipient.

- **Information obtained through Systematic Alien Verification for Entitlement Program (SAVE)** The information is received through an interface with the Department of Homeland Security and may only be used to verify immigration status of applicants and recipients who are not U. S. Citizens.

Confidentiality Policies for Economic Assistance and Health Care Coverage Programs 448-01-25-10-10

General Statement 448-01-25-10-10-05

(Revised 12/1/12 ML #3352)

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North Dakota Century Code, [Section 50-06-15](#), prohibits the disclosure of any information about persons applying for or receiving assistance under any program administered by the Department.

State and county staff are not mandatory reporters of suspected cases of child abuse unless they fall under one of the following categories:

- Social worker
- Physician
- Nurse
- Dentist
- Optometrist
- Dental hygienist
- Medical examiner or coroner
- Any other medical or mental health professional
- Religious practitioner of the healing arts
- Schoolteacher or administrator
- School counselor
- Addiction counselor

- Child care worker
- Foster parent
- Police or law enforcement officer
- Juvenile Court personnel
- Probation officer
- Division of Juvenile Services employee
- Member of the clergy having knowledge of or reasonable cause to suspect that a child is abused or neglected, or has died as a result of abuse or neglect.

Staff who are not mandatory reporters are strongly encouraged to report suspected child abuse and neglect to appropriate child protection staff. Only information other than SNAP and Medicaid information, requested on the [SFN 960](#), Report of Suspected Child Abuse or Neglect, can be shared with child protection staff. Specific case information must not be shared.

Note: Regulations do not allow the disclosure of SNAP or Medicaid information to child protection staff.

Protective Service Alerts

Periodically, eligibility staff receives 'Protective Service Alerts' from the North Dakota Department of Human Services, Children and Family Services (CFS) Division and other States. These alerts request information of a family's whereabouts.

When eligibility staff receive these e-mails, while it does not fall under 'administration of the programs', and since specific information regarding eligibility or benefits is not being disclosed, it is allowable to disclose to the requestor as well as to their own county child protective service unit, the county and state, in which the individual is residing and the county social service office that may be contacted for child protective service information.

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Any additional information, including 'How eligibility staff knows this information' or 'The family has applied or is receiving services' may NOT be disclosed.

**Child Care Assistance Program 448-01-25-10-10-10
(Revised 3/1/12 ML #3304)**[View Archives](#)

Information concerning households receiving Child Care Assistance Program (CCAP) may be released only for the purposes directly connected with the administration of Economic Assistance Programs, Medicaid and Healthy Steps.

If a caretaker wishes the provider to be able to obtain information, the caretaker must sign an authorization of disclosure using the [SFN 1059](#) - Authorization to Disclose Information.

Without a signed Authorization to Disclose Information, the only information that can be disclosed to a provider is whether the caretaker has applied or is receiving CCAP and if a payment has been issued to the provider on behalf of the family.

If a provider inquires as to why payment has not been made, no information can be disclosed without a current Authorization to Disclose Information.

Information **cannot** be disclosed on a CCAP certificate displaying the type(s) of program(s) that the caretaker may be on (TANF, JOBS, etc.). Information concerning households receiving CCAP can only be released for purposes directly connected with the administration of the program. Agencies and individuals other than those specified below, who are requesting information concerning households receiving CCAP must obtain and provide a signed Authorization to Disclose Information from the caretaker/individual, legal guardian or an agency who has care, custody and control of a child prior to the information being disclosed. This includes:

1. Information regarding an individual who received assistance in one case and is now being added to another case or applying on their own behalf, cannot be transferred from the old case file to the new case file without a signed Authorization to Disclose Information from the caretaker of the old case with the following exceptions:

Exception#1: The individual added to the new case or applying on their own behalf is now an adult (18 years of age) eligible in their

own right and was a child in the previous case. If the individual indicates they received assistance in another case that individual's information can be added to the new case without a signed Authorization to Disclose Information.

Exception #2: Both parents of a child were part of the old case and the caretaker of the new case is one of the parents from the old case and no legal action has been filed (separation, divorce, etc.).

Note: Once legal action has been initiated, information from the old case cannot be added to the new case without a signed Authorization to Disclose Information.

2. Information being requested by other individuals within the county social service office or a partner agency (county social workers, housing assistance program staff, Treatment Homes (PATH), Division of Juvenile Services (DJS), Tribal Social Services staff, etc.), provided the information is not for the purpose of determining eligibility for the CCAP, cannot be released without a signed release of information from the caretaker, with the following exceptions:

Exception #1: Verification of a child's Social Security Number and birth verification may be shared with a social worker or eligibility worker within the county social service office in order to determine eligibility for Foster Care Assistance.

Exception #2: When an eligibility case worker of a social service agency in another State or within North Dakota requests information regarding an individual applying for or receiving assistance:

- a. If the individual was the caretaker of a case in North Dakota, any information contained in the case file can be released without a signed Authorization to Disclose Information.
- b. If the individual was not the caretaker of a case in North Dakota, only that individual's information can be released.

Exception #3: Elected public officials. Refer to Service Chapter 110-01-25-05, (which is located on the County Intranet in the 'Legal' folder) for a list of elected public officials you may provide information without a release of information, and what information can be disclosed.

Note: If the elected public official is not listed in Service Chapter 110-01-25-05, information cannot be released without a signed release of information.

Exception #4: Upon the request of the State or County Child Care Licensing staff, information may be released when needed for licensure purposes.

Energy Assistance (LIHEAP) 448-01-25-10-10-15
(Revised 3/1/12 ML #3304)

[View Archives](#)

A written release of information signed by the applicant must accompany any request for information regarding a LIHEAP household. If the agency requesting information does not have a Release of Information Form, [SFN 1059](#) – Authorization to Disclose Information may be used.

The county social service office and any persons receiving payments on behalf of LIHEAP households may NOT release the names of LIHEAP applicants to any person or agency other than an authorized representative of the Department or the county social service office.

Information that can be released to fuel suppliers without a release of information is based strictly on a “need to know” basis. This would include the recipient’s LIHEAP share percentage, billing number and residential address. Items that cannot be released without a release of information include, income, age, relationship, race, marital status, Social Security Numbers and any other protected health information (PHI).

**Health Care Coverage (Medicaid and Healthy Steps) and
Basic Care Assistance Program 448-01-25-10-10-20****(Revised 12/1/12 ML #3352)**[View Archives](#)

Federal law and regulations require that the Medicaid State Plan have protections in place to ensure that the use or disclosure of information concerning applicants and recipients be limited to purposes directly connected with the administration of the plan. Those purposes include establishing eligibility, determining the amount of medical assistance, providing services, and conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the administration of the plan. (42 U.S.C. § 1396a(a)(7); 42 C.F.R. § 431.300-306).

1. Sharing basic information regarding eligibility with Case Managers:
 - a. Case Manager going out for initial review can find out if client is eligible for Medicaid, type of coverage (full Medicaid or Medicare Savings Programs), and whether client has a recipient liability.
 - b. County or other waived service provider is a prospective provider so can find out if client is eligible in order to determine if can provide Medicaid waived services, or if need to pursue other program such as SPED.
(This is like any other potential provider calling the Verify system.)
 - c. Determining eligibility for services under HCBS would not allow copies of eligibility income and asset screen prints and disclosing entitlement to SSI benefits. A release of information signed by the client, or a verbal release will also suffice, if documented, if specific information from the eligibility file must be obtained.
 - d. Specific information that may be released to a provider of Medicaid Services is a yes/no if the client is eligible on a specific date, has any client share amount and the recipient's billing address, which is specific data.
2. Sharing asset, income, household composition, etc. information with social work staff:
Eligibility workers cannot release this information unless the client has authorized with a release of information (form or verbally).

3. Sharing information with social workers for abuse/neglect/ protective services for investigations:
 - a. A signed release would be necessary to share specific information about the child/family.
 - b. It does not have to do with administration of Medicaid, but is with regard to an abuse investigation.
 - c. The family may not be receptive, but that is not a valid reason for us to release the information.
4. Sharing information with Child Support and other specific assistance programs:
 - a. Can share information with Child Support (i.e. income and eligibility information.) as federal regulations specifically require.
 - b. Can share information between Healthy Steps and Medicaid per federal requirements to coordinate benefits between the two programs.
 - c. Can share information between Medicaid and SSA for Title II and Title XVI benefits as federal regulations specifically require income and eligibility information be shared.
 - d. Can share information between TANF, SNAP, and the Aid to the Blind Remedial program per federal regulations to coordinate benefits between the programs.
5. Social Worker access to eligibility case file information, electronic or paper, narratives, income, and assets is not allowed. These items are included in the eligibility files, and a release of information from the client is required when it is NOT specifically related to administration of the MA program.
6. Release of information on application:
 - a. Allows county and state to obtain information from other sources, but does not give us permission to give information to others.
 - b. Potential option - When a client applies for waived services, that application could include a similar release that would allow Medicaid workers to share information.

7. Foster Care case when application is received and child is already on MA.
 - a. The county has care, custody, and control, so are acting on behalf of the child. Also, it is just going from one Medicaid case to another for the purpose of establishing eligibility.
 - b. The Department's recommendation is to make a copy for the FC file so that both files will have the proper documentation.
 - c. Legal Further Clarified: Because the county has care, custody and control of the child, that information may be shared with the social worker. This is because, at this point, the county is the caretaker—has the same access to the case file as a parent. The worker still should only give the social worker pertinent information.
 - d. There is really no reason why a social worker needs the parent's income information, other than to determine if the child is IV-E or not. If that has been established, the social worker should NOT be requesting the information, nor should the eligibility worker be releasing it, at least not without a signed release of information.

8. Law Enforcement:

Medicaid and Healthy Steps cannot provide information about a specific client to law enforcement unless it has to do with administration of Medicaid or Healthy Steps. In these situations, however, it seems the county would not need to provide any identifying information, such as name, whether they are on or applying for assistance etc. As such, they would not be releasing any protected health information (PHI).

Example: County staff could anonymously call law enforcement to report a drunk driver, they could say that someone (no name) is intoxicated and is driving (or is about to drive), and give a street location, and color and make of vehicle. It may not be necessary, because the county is not providing any PHI, but may be a good idea to consider using the personal cell phones as indicated in the legal response. This would prevent identifying the call as coming from the social service office (which could imply assistance), although it would seem that it should be OK either way as a county staff person could be calling about an intoxicated driver who has nothing to do with social services.

Application, information and records may not be released to elected officials or to any other person not directly connected with the administration of the Medicaid, Healthy Steps or Basic Care programs, with the exception of those

Administrative Procedures

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individuals defined in Service Chapter 110-01-25-05, which is located on the County Intranet in the 'Legal' folder.

Supplemental Nutrition Assistance Program (SNAP)
448-01-25-10-10-25
(Revised 3/1/12 ML #3304)
[View Archives](#)

Use or disclosure of information obtained from applicant households, exclusively for SNAP, is restricted to the following persons. Information can be disclosed to these individuals without a signed release.

1. Persons directly connected with the administration or enforcement of the provisions of the Food and Nutrition Act or regulations, other federal assistance programs such as housing or WIC or federally assisted state programs which provide assistance, on a means tested basis, to low income households.
2. Persons directly connected with the administration or enforcement of the programs which are required to participate in the Income Eligibility Verification System (IEVS) program, to the extent the SNAP information is useful in establishing or verifying eligibility or benefit amounts under those programs. In North Dakota, these programs are TANF, Medical Assistance, Unemployment Compensation, and SNAP.
3. Persons directly connected with the verification of immigration status of aliens applying for SNAP benefits through the Systematic Alien Verification for Entitlement (SAVE) system, to the extent the information is necessary to identify the individual for verification purposes.
4. Persons directly connected with the Child Support (IV-D) Program, and Health and Human Services employees as necessary to assist in establishing or verifying eligibility or benefits under Title II (Federal Old Age Survivors and Disability Benefits) and Title XVI (Supplemental Security Income) of the Social Security Act.

5. Employees of the Controller General's Office of the United States for audit examination authorized by any provision of law.
6. Local, State or Federal law enforcement officials, upon their written request, for the purpose of investigating an alleged violation of the Food and Nutrition Act or regulations. The written request must include the identity of the individual requesting the information and their authority to do so, the violation being investigated and the identity of the person on whom the information is being requested.
7. Federal, State, or local law enforcement officers who request in writing the address, social security number, and if available, the photograph of a SNAP client. The officer must furnish the client's name and notify the county in writing that the member is fleeing to avoid prosecution or custody for a crime, or an attempt to commit a crime that would be classified as a felony or is violating a condition of probation or parole imposed under Federal or State law. The county must also provide information regarding a household member that has information necessary for the apprehension or investigation of another member who is fleeing to avoid prosecution or custody for a felony or has violated a condition of probation or parole upon the written request of a law enforcement officer.

If a law enforcement officer provides documentation indicating that a household member is fleeing to avoid prosecution or custody for a felony, or has violated a condition of probation or parole, the county must terminate participation of that member applying 10-10-10. [SFN 1032 – Request from Law Enforcement](#) must be used to document the case.

8. If there is a written request by a responsible member of the household, its currently authorized representative, or a person acting on its behalf to review materials contained in its casefile, the material and information contained in the casefile must be made available for inspection during normal business hours, subject to limitations defined in the Confidentiality Manual at 110-01-35 located on the County Intranet in the 'Legal' folder.

Temporary Assistance for Needy Families (TANF)
448-01-25-10-10-30
(Revised 3/1/12 ML #3304)
[View Archives](#)

North Dakota Department of Human Services including county Eligibility Staff may exchange information regarding a client to another unit of the Department upon a showing that the requesting unit has a need to know the information in order to perform its duties, for payment purposes, or to administer its program. In most situations, no written authorization by the client shall be required prior to exchange of the requested information.

Information concerning households receiving TANF may be released only for purposes directly connected with the administration of the program. Agencies and individuals other than those specified below, who are requesting information concerning households receiving TANF must obtain and provide a signed release of information **from the parent or individual, legal guardian or an agency who has care, custody and control of a child** prior to the information being disclosed. This includes:

1. Information regarding an individual who received assistance in one case and is now being added to another case, cannot be transferred from the old casefile to the new casefile without a signed release of information from the Primary Individual of the old case with the following exceptions:

2. **Exception #1:** The individual added to the new case is now an adult eligible in their own right and was a child in the previous case. If the individual indicates they received assistance in another case that individual's information can be added to the new case without a signed Release of Information.

Exception #2: Both parents of a child were part of the old case and the Primary Individual (PI) of the new case is the parent who was not the PI in the old case and no legal action has been filed (separation, divorce, etc.).

Note: Once legal action has been initiated, information from the old case cannot be added to the new case without a signed Release of Information from the parent who was the PI in the old case.

2. Information being requested by other individuals within the county social service office or a partner agency (county social workers, housing assistance program staff, Professional Association of Treatment Homes (PATH), Division of Juvenile Services (DJS), Tribal Social Services staff, etc.), provided the information is not for the purpose of determining eligibility for the TANF Program, cannot be released without a signed release of information from the Primary Individual, with the following exceptions:

3. **Exception #1:** Verification of a child's SSN and Birth may be shared with a social worker or eligibility worker within the county social service office in order to determine eligibility for Foster Care Assistance.

Exception #2: When an eligibility case worker of a social service agency in another State or within North Dakota requests information regarding an individual applying for or receiving assistance:

- a. If the individual was the Primary Individual (PI) of a case in North Dakota, any information contained in the casefile can be released without a signed Release of Information.
- b. If the individual was not the PI of a case in North Dakota, only that individual's information can be released.

Exception #3: When an employee of the Social Security Administration requests information regarding TANF benefits in order to determine eligibility for Social Security or Supplemental Security Income benefits, the information can be released without a signed Release of Information.

Exception #4: Elected public officials. Refer to Service Chapter 110-01-25-05, (which is located on the County Intranet in the 'Legal' folder) for a list of elected public officials you may provide information without a release of information, and what information can be disclosed.

Note: If the elected public official is not listed in Service Chapter 110-01-25-05, information cannot be released without a signed release of information.

Exception #5: Confidentiality provisions of the law allow for cooperation with and provision of pertinent information to the Child Support Enforcement Agency as a means of assisting in locating and obtaining support from an absent parent, establishing paternity, etc. Therefore, information may be released without a signed Release of Information.

Federal and State regulations authorize the Department to disclose the current address of a TANF recipient to state or local law enforcement officials at their request, and without written recipient consent. The law enforcement officer must provide the name and social security number of the recipient, and must demonstrate all of the following:

1. The recipient is a fugitive felon, as defined by state law;
2. The officer's duties include the location or apprehension of the felon; and
3. The request is made pursuant to proper exercise of the officer's duties. (45 C.F.R. § 205.50).

Safeguarding of Confidential Information 448-01-25-15

General Statement 448-01-25-15-05 (Revised 3/1/12 ML #3304)

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Office procedures must ensure that confidential information is not revealed to individuals who do not have a need to know. Efforts must be taken to ensure that any discussion with or about an individual is conducted in a private area. Any practice that violates an individual's right to have their information kept confidential is prohibited.

1. Discussions and exchanges of information by Economic Assistance and Health Care Coverage staff about applicants and recipients must be limited to professional purpose and not subject to rumors and idle conversation.
2. Disclosure to any information that identifies an individual as an applicant or recipient of Public Assistance or Health Care Coverage to any committee (federal, state, county or local) with the exception of those identified in Service Chapter 100-01-25-05 located on the County Intranet in the 'Legal' folder.

Confidential information must be safeguarded in a secure area and includes:

1. Any information identifying a specific individual.
2. Protected health information, including diagnosis and past history of a disease or disability, concerning an individual.
3. County, state or other professional evaluations about an individual.
4. Individual's social and economic circumstances that identify them.

5. Information received from State and Local agencies regarding a specific applicant or recipient.
6. Federal tax return information received through computer match on IEVS (UFO). This information received through the database from the Internal Revenue Service is the property of the IRS and remains the property of the IRS.
7. Social Security Administration information received through a computer match on IEVS (wage information, dividends, self-employment, and pensions), TPQY or SDX.
8. The Vital Statistic Interface owned by the Vital Statistics office at the State Health Department.
9. The Systematic Alien Verification for Entitlement Program (SAVE) system used to verify immigration status of applicants and recipients who are not U. S. Citizens.
10. The Unemployment Insurance Benefits (UIB) system owned by Job Service of North Dakota used to verify Unemployment Benefits.

The State and County must not:

1. Enter or search an applicant or recipient's home by force, without permission, or under false pretenses.
2. Inquire in systems or case file information for personal reasons.

System Access 448-01-25-15-10
(Revised 3/1/12 ML #3304)
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County directors, or their designated staff, are responsible for approving access to the eligibility systems for county staff. Division directors, or their designated staff, are responsible for approving access to the eligibility systems for state staff.

Approved access to eligibility systems must be limited to staff whose job duties require accessing those systems. This may include supervisors of eligibility staff, as well as administrative staff who are assisting with eligibility or other tasks directly related to administration of the programs. It does not include county staff such as social workers, case managers, or anyone else who desire access for purposes of providing services or administering other programs.

Staff who have access to eligibility systems must safeguard the information stored in the system and uphold the confidentiality requirements. Staff cannot share information with others who do not have access or a need to know.

Securing System and Workspace Information

448-01-25-15-15

(Revised 3/1/12 ML #3304)

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Federal and State regulations require information stored in the computer systems and at your workspace be kept secure. The following requirements must be followed to ensure the security of this information:

- When leaving your workspace for any reason, secure your computer by activating the password-protected screen saver or logging off.
- When leaving your workspace, place confidential information in a secure area.
- Do not share passwords with co-workers.
- Keep passwords secure.
- Position your monitor so it cannot be easily viewed or turn it off to avoid displaying sensitive information to unauthorized personnel.
- Do not leave confidential information where unauthorized personnel can view.
- Ensure your workspace is secure before leaving during an evacuation or emergency, such as fire, tornado, or flood.
- Save information to an appropriate network drive if available. Information stored in the network is backed-up.
- Shred or burn sensitive information in accordance with office procedures.
- Promptly report any virus activity to your computer technician.

- Close all programs and properly shut down your computer at the end of each day.
- Each time an e-mail containing client information (e.g. name, social security number) is sent, it must include one of the following disclaimers and the subject line of the email should not include client identifying information:

- o General Disclaimer

- Confidentiality Statement-----

- This transmission is intended only for the use of the individual to whom it is addressed and may contain information that is made confidential by law. If you are not the intended recipient, you are hereby notified any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please respond immediately to the sender and then destroy the original transmission as well as any electronic or printed copies. Thank you.

- o Drug and Alcohol Disclaimer

- Confidentiality Statement-----

- This transmission is intended only for the use of the individual to whom it is addressed and may contain information that is made confidential by law. If you are not the intended recipient, you are hereby notified any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please respond immediately to the sender and then destroy the original transmission as well as any electronic or printed copies. Thank you.

This notice accompanies a disclosure of information concerning a client in alcohol or drug treatment, made to you with the consent of such a client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 C.F.R Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to

criminally investigate or prosecute any alcohol or drug abuse patient.

- Any suspicious activity must be reported to the Information Technology Services Division in the Department.

Information that Does Not Require Safeguarding
448-01-25-15-20
(Revised 3/1/12 ML #3304)
[View Archives](#)

Information of a general nature that cannot be used to identify specific applicants and recipients is public information and can safely be released to the news media or other interested parties, such as:

- Number of applicants or recipients
- Social and statistical data resulting from studies, surveys and reports
- Expenditures for programs and administration

Use of Records Without Knowledge or Consent
448-01-25-15-25
(Revised 3/1/12 ML #3304)
[View Archives](#)

Public records such as court and county records may be used without an applicant or recipient's consent.

Additionally, an Economic Assistance or Health Care Coverage applicant or recipient's consent is not required when information from the following sources is needed to determine eligibility, ongoing benefits or payments.

- Social Security Administration (SSA)
- Job Service North Dakota
- Bureau of Indian Affairs (BIA)
- Credit Bureau publications
- Vital Records
- Motor Vehicle
- Systematic Alien Verification for Entitlements (SAVE)
- Public Assistance Reporting Information System (PARIS)
- Divisions within the Department of Human Services (DHS) such as Child Support or Vocational Rehabilitation

Release of Information 448-01-25-15-30

Release/Disclosure of Information 448-01-25-15-30-05

(Revised 12/1/12 ML #3352)

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In addition to purposes directly related to the administration of the Economic Assistance and Health Care Coverage programs, information concerning recipients may be released upon receipt of a signed Release of Information via [SFN 970](#) - Multi-Agency Authorization to Disclose Information or [SFN 1059](#) - Authorization to Release Information with the exception of Confidential Information that Must Not be Released at [448-01-25-10-05](#).

When a Release of Information is completed, the following information must be included:

- The name of the agency releasing the information;
- Who the information will be released to (name of agency or person);
- What specific information the recipient wants to release;
- What the information being released will be used for; and
- The date the recipient wants the release to expire.

The recipient determines the length of time a Release of Information is in effect. Time restriction cannot be imposed on the release of information if the recipient wishes to leave it open-ended. (The length of time may be days, weeks, months, years, a specific event terminating the release, or until the case closes.) The Release of Information automatically ends when the case closes. Upon reapplication, a new Release of Information must be obtained.

Recipients must be provided with a signed copy of any Release of Information.

If an eligibility worker is not sure they should be releasing information, the rule to follow is to request a Release of Information before disclosing any kind of information the household has provided for the purpose of determining eligibility for Economic Assistance and Health Care Coverage Programs.

Release of Information for Research Projects

448-01-25-15-30-10

(Revised 3/1/2012 ML #3304)

[View Archives](#)

Information concerning individuals applying for or receiving assistance or services through any program administered or supervised by the Department may be released to an individual conducting bona fide research, provided that all conditions outlined in Section 75-01-02-02 of the North Dakota Administrative Code are met. Information identified in section [448-01-25-10-05 – Confidential Information that Must Not be Released](#) cannot be released to these individuals.

Mailing or Distribution of Materials 448-01-25-15-30-15 (Revised 3/1/12 ML #3304)

[View Archives](#)

Any materials sent or distributed to applicants, recipients, providers or vendors must be limited to information related to the administration of Economic Assistance or Health Care Coverage Programs.

The following may not be sent or distributed to applicants, recipients, providers or vendors:

- Any information with political implications
- Holiday greetings
- Voting information
- Alien registration notices

Materials of interest to applicants, recipients, providers or vendors such as announcements of free medical examinations, availability of surplus foods, and consumer protection information, may be mailed or distributed.

Request for Information from Outside Sources

448-01-25-15-30-20

(Revised 3/1/12 ML #3304)

[View Archives](#)

Community fraternal and charitable organizations sometimes request the names of individuals and families for the purpose of distributing Christmas baskets, toys, etc. Families and individuals should be informed of such requests from outside sources and their permission obtained before the information is released. [SFN 1059](#) - Authorization for Release of Information, should be used to record the recipient's permission. Only necessary information should be provided in these situations such as name, address, telephone number, household size, etc.

If the request for information involves a genuine emergency in which the life or health of a member of the family may be in jeopardy and the individual's consent for the release of information cannot be obtained, the needed information should be provided and the individual notified as quickly thereafter as possible.

Client Request for Case File Information

448-01-25-15-30-25

(Revised 12/1/12 ML #3352)

[View Archives](#)

An applicant or recipient, their authorized representative or legal representative, can have access to the applicant or recipient's case records, subject to limitations defined in the Confidentiality Manual at 110-01-35

located on the County Intranet in the 'Legal' folder. In addition to the limitations defined in the Confidentiality Manual 110-01-35, the following items must be removed from the casefile prior to review by the applicant, recipient or authorized representative:

- Federal tax return information received through computer match on IEVS (UFO). This information received through the database from the Internal Revenue Service is the property of the IRS and remains the property of the IRS.
- Social Security Administration information received through a computer match on IEVS (wage information, dividends, self-employment, and pensions).
- Information received from the Vital Statistic Interface owned by the Vital Statistics office at the State Health Department.

Procedures for Appeals and Fair Hearings 448-01-30

Authority Reference 448-01-30-05 (Revised 3/1/12 ML #3304)

[View Archives](#)

The provisions in this chapter are based on Federal and State law and North Dakota Administrative Code, Chapter [75-01-03](#) – Appeals and Hearings.

Right to Appeal and Fair Hearing 448-01-30-10

(Revised 12/1/12 ML #3352)

[View Archives](#)

An applicant, recipient or authorized representative has the right to request a fair hearing in writing when they disagree with any action that affects eligibility the benefit level, or both, even if they are no longer residing in North Dakota. [SFN 162](#) – Request for Hearing should be used, however, it is not mandatory.

NOTE: An applicant or recipient is not entitled to a fair hearing when the sole issue is one of State or Federal law requiring automatic benefit adjustments for classes of recipients unless the reason for an individual appeal is incorrect benefit computation.

If the request is not submitted on the SFN 162, the applicant or recipient must identify the assistance program involved and the action that affected their eligibility the benefit level or both. Upon receipt of the request, the county must complete an SFN 162, Request for Hearing, based on the information available. (Refer to Section [448-01-30-20](#) for the instructions on how the eligibility worker completes the SFN 162 when the request for a fair hearing is not received using the SFN 162).

In addition to a written request, SNAP allows an individual to appeal a decision verbally. If there is a verbal request for appeal, the eligibility worker must document the request and the date received, and complete the procedures necessary to start the hearing process without requiring the household to provide the request in writing. Verbal requests must be clear expressions made by the applicant or recipient or their authorized representative to an employee of a county social service office or the Department to the effect that they wish to appeal a decision.

If an applicant or recipient dies before a request for a fair hearing is filed, the appointed representative of the estate, or any successor of the applicant or recipient if no representative has been appointed, may file a request for appeal.

For specific program policies and timeframes for appeals, see program policies:

- [SNAP](#) 430-05-70, Fair Hearings
- [Medicaid](#) 510-05-25-30, Appeals
- [Healthy Steps](#) 510-07-15-40, Appeals
- [TANF](#) 400-19-125, Appeals and Fair Hearings
- [CCAP](#) 400-28-155, Appeals and Fair Hearings
- [LIHEAP](#) 415-05-20, Right to Appeal and Fair Hearing

If an applicant or recipient contacts the eligibility worker and disagrees with any action that affects eligibility or the benefit level or both, the eligibility worker must conduct a review to ensure the action taken was correct. This review and explanation to the applicant or recipient may avoid a request for hearing. However, the individual still has the right to appeal.

**Applicant or Recipient's Rights and Responsibilities -
Appeals and Fair Hearings 448-01-30-15
(Revised 3/1/12 ML #3304)**
[View Archives](#)

When a fair hearing is requested, the applicant, recipient or their authorized representative must be allowed an opportunity to:

1. At a reasonable time before the hearing and during the hearing:
 - a. Examine the contents of the household's case file.
 - b. Examine all documents and records used at the hearing.
2. Present the case or have it presented by an authorized representative which could include legal counsel or an interpreter, or both.
3. Bring witnesses.
4. Establish all pertinent facts and circumstances.
5. Advance arguments without undue interference.
6. Question or contest any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.

County Responsibilities - Appeals and Fair Hearings 448-01-30-20

(Revised 12/1/12 ML #3352)

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The eligibility worker must:

- Inform the applicant of their right to appeal. All applicants and recipients are informed of their right to appeal and receive a fair hearing on the back of all notices.
- Assist an applicant or recipient in submitting their request for a fair hearing if the applicant or recipient requests their assistance. The [SFN 162](#) – Request for Hearing may be used.
 - When the applicant, recipient or authorized representative submits a request for fair hearing and does not use the SFN 162 the eligibility worker must complete the SFN 162 as follows:
 - 'Program Name' Section – Enter the program name the client is appealing.
 - 'APPEAL OF' Section – Enter the Name, Telephone Number, Address, City, State and Zip Code of the individual who is appealing.
 - 'STEP 1:'Section – Attach a copy of the notice that includes the decision the applicant or recipient is appealing.
 - 'STEP 2:' Section – Indicate 'Copy of Request for Appeal is attached (or if a verbal request was received for SNAP, verbal request) in this box and include the date the applicant or recipient requested the appeal.
 - 'STEP 3:' Section – If the recipient has provided this information, mark the appropriate box. If the recipient has not provided this information, leave the boxes blank.

- 'STEP 4:' Section – Complete the Name, Telephone Number, Address, City, State and Zip Code of the individual assisting the applicant or recipient in their appeal, if known. If not known, leave blank.
- 'STEP 5:' Section – Do not complete.
- Provide the household with a list of the legal service organizations, [DN 1087](#) – Legal Service Organizations , to assist them with the fair hearing.
- Complete the [SFN 1784](#) – Appeal Background Report. Mail or fax (701-328-2173) the Appeal Background Report, the request for hearing and other pertinent documents as soon as possible but no later than five calendar days from the date of receipt of the request for hearing to:

Department of Human Services
Appeals Supervisor
600 E. Boulevard Ave., Dept. 325
Bismarck, ND 58505

Note: The documents submitted to the Legal Advisory Unit along with the Request for Hearing and Appeal Background Report are utilized by State Policy staff for review only. They are not forwarded to the Office of Administrative Hearing (OAH). Only the Request for Appeal and a copy of the notice that resulted in the appeal are forwarded to OAH.

- o If the request is received by mail, the request form must be date stamped upon receipt and both the envelope and the request for hearing form must be sent to the DHS Appeals Supervisor.
- o If the applicant or recipient hand delivers the request to the county, the request form must be date stamped upon receipt and a notation must be made on the request for hearing that the form was hand delivered.
- When the DHS Appeals Supervisor receives a request for hearing directly from the applicant or recipient, a copy will be sent to the eligibility worker. The eligibility worker must determine whether the household is entitled to continued benefits. See program policies for continuation of benefits at:

- [SNAP](#) 430-05-70-25, Continuation of Benefits
- [Medicaid](#) 510-05-25-30, Appeals
- [Healthy Steps](#) 510-07-15-40, Appeals
- [TANF](#) 400-19-125-10 and 400-19-125-15, Requesting a Fair Hearings
- [CCAP](#) 400-28-155-20, Benefits Pending a Fair Hearings
- [LIHEAP](#) 415-05-20, Right to Appeal and Fair Hearing
- When the eligibility worker becomes aware that the individual requesting a hearing plans to move from the State before a fair hearing decision would normally be reached, the eligibility worker must expedite the hearing request to ensure the household receives a decision and restoration of lost benefits and the hearing must be processed faster than others, if necessary, to allow a decision before the household leaves the area.
- The eligibility worker will receive a letter from the Legal Advisory Unit indicating the Request for Appeal and a copy of the notice that resulted in the appeal was forwarded to OAH. This letter also indicates that OAH will be sending the eligibility worker a 'Notice of Hearing & Specification of Issue'.
 - Note:** Upon receipt of the 'Notice of Hearing & Specification of Issue', the eligibility worker must follow the instructions included in this notice, which includes sending all pertinent information to OAH and the appellant.

When preparing for the fair hearing, the eligibility worker must:

- Notify the DHS Appeals Supervisor if the appellant is represented by legal counsel to ensure that legal counsel is also provided for the county.
- Notify the DHS Appeals Supervisor of any problem the applicant or recipient may have accessing the hearing site.

- Review the applicable Administrative Rules and program policies. Any questions or clarifications needed in regards to the rules or policies must be addressed with appropriate program staff prior to the hearing.
- Organize all oral and written evidence and plan for its presentation at the hearing to avoid unnecessary delay or duplication.
- Present copies of policy directives or instructions at the hearing when they are involved in the matter.
- Arrange for the attendance of all necessary witnesses and the availability of all documents for presentation of the case by the county social service office.
- Prepare a complete final budget computation, month by month, for the period subject to review, and up to the date of hearing, if the issue is:
 - o Amount of assistance
 - o Adjustment(s)
 - o Demand for repayment
- Remain in touch with the applicant or recipient and report to the DHS appeals supervisor any change in their address or any other circumstances which might affect the hearing, if possible. The responsibility to report changes in the applicant or recipient's circumstances continues until a hearing decision has been reached.
- After the hearing, the Administrative Law Judge (ALJ) will issue a recommended finding and recommended order for review by the county and DHS program staff. The appellant also receives a copy. This is not the final decision. Any concerns the county may have with these documents need to be sent to the appropriate DHS program staff upon receipt.

NOTE: Never take action on the unsigned recommended finding and recommended order.

- Immediately upon receipt of the decision signed by the Executive Director of the Department of Human Services, the eligibility worker must comply with the decision based on program policy.

Notice of Fair Hearing 448-01-30-25
(Revised 3/1/12 ML #3304)

[View Archives](#)

The Office of the Administrative Hearings (OAH) will mail or deliver a written notice of the time and place of the hearing, along with procedures for the fair hearing, to the eligibility worker, applicant, recipient, authorized representative and legal representatives. For SNAP appeals, the notice must be sent not less than ten days prior to the hearing unless the household should, in writing, request less advance notice to expedite the scheduling of the hearing.

Withdrawal or Dismissal of Fair Hearing Request

448-01-30-30

(Revised 3/1/12 ML #3304)

[View Archives](#)

An appeal may not be dismissed without hearing unless the:

1. The applicant or recipient withdraws the request in writing.

An applicant, recipient or authorized representative may withdraw a hearing request in writing at any time before a decision is made by the Department. If the withdrawal is not made in writing, the fair hearing process will proceed.

A withdrawal occurs when the administrative law judge or the appeals supervisor is notified in writing by the applicant, recipient or authorized representative that they no longer wish to appeal.

The written withdrawal must be submitted to the DHS Appeals Supervisor upon receipt. A dismissal will be signed by the Executive Director of the Department and sent to the applicant or recipient along with the certificate of mailing by regular mail with return service requested. A copy of the dismissal will also be sent to the eligibility worker.

If the Department determines that corrective action is required due to an error in processing prior to the fair hearing and the household conditionally withdraws their request for hearing based on the completion of the corrective action, the fair hearing will not be postponed or cancelled unless the applicant or recipient requests the hearing be postponed or cancelled in writing.

2. The applicant or recipient abandons the request.

An appeal is considered abandoned when:

- The fair hearing cannot be scheduled because the applicant, recipient or authorized representative cannot be located through their last address of record.
- The applicant, recipient or their authorized representative fails to appear at the hearing without good cause.

When the appeal is abandoned, a dismissal will be signed by the Executive Director of the Department of Human Services and sent to the applicant or recipient along with the certificate of mailing by regular mail with return service requested. A copy of the dismissal will also be sent to the eligibility worker.

3. Department of Human Services administratively reverses a decision prior to the fair hearing.

When the decision appealed is administratively reversed, a dismissal will be signed by the Executive Director of the Department of Human Services and sent to the applicant or recipient along with the certificate of service by regular mail with return service requested. A copy of the dismissal will also be sent to the eligibility worker.

Fair Hearings Procedure 448-01-30-35
(Revised 3/1/12 ML #3304)[View Archives](#)

An administrative hearing is similar to a trial in court in that it involves a process of determining facts through testimony of witnesses, documentary evidence, and application of the law. An Administrative Law Judge (ALJ) from the Office of Administrative Hearings (OAH) conducts hearings for the Department concerning appeals. There is no other evidentiary hearing or trial at any other level, not even in the courts. The facts must be established at the administrative hearing. If a case goes to the courts on appeal, the courts will review what was established at the hearing, but will not conduct a new hearing.

It is the responsibility of the ALJ to ensure the hearing meets due process requirements. Due process of law does not have a fixed meaning but requires, at a minimum, meaningful notice and an opportunity to be heard, including the right to confront and cross-examine witnesses and to present witnesses and evidence on one's own behalf.

1. The hearing shall be conducted at a reasonable time, date, and place to be set by OAH. If the applicant or recipient is unable to attend the hearing because of their health, transportation problems, or other reasons, they must promptly notify the county. The fair hearing may be held at:
 - The county seat or regional office in which the applicant or recipient is living at the time of the hearing.
 - A public building convenient to the parties.
 - At any other location which is agreeable to the parties.

The hearings may be conducted by telephone unless the person requesting the hearing demands to appear personally before the ALJ. In all telephone hearings, the person requesting the hearing must be present at the county social service office. This provision may be

waived when illness, disability, travel difficulty, or other reason, makes attendance of the person requesting the hearing at the county location impractical.

When a request for fair hearing is received from an applicant or recipient who is not residing in North Dakota, the hearing will be conducted by telephone unless they return for the hearing or authorize a representative in North Dakota to attend the hearing.

If an applicant or recipient dies after a request for a fair hearing has been filed but before the decision, the fair hearing may be held on behalf of their estate or one of their heirs if a legal representative has not been appointed.

2. The applicant, recipient or authorized representative is the opposing party. They may or may not be represented by an attorney. But in any event, they are responsible to present their own case. The Office of Administrative Hearings sends a Hearing Informational Guide to unrepresented appellants to assist them in preparing for the hearing.
3. The eligibility worker assigned to the case or another individual designated by the county must represent the county and the Department. The eligibility worker will then decide what evidence to present, which witnesses to call and what exhibits are needed to prove the case.
4. An assistant attorney general may represent the eligibility worker and Department in appeals where the applicant is represented by counsel. The attorney will decide what evidence to present, whether through introduction of documents or witness testimony. Substantive questions or communications should be directed to the attorney assigned to the case, not the ALJ.
5. Attendance at the hearing must be limited to those directly concerned:
 - The applicant, recipient, authorized representative, including legal representatives, if any,
 - An interpreter, if necessary, to be provided by the Department,

- Witnesses,
- Representatives of the county social service office and the Department, including legal representatives, and
- The ALJ.

The ALJ will exclude unauthorized persons from the hearing unless both parties agree to their presence. The ALJ may exclude persons whose actions cause substantial disruption of the hearing.

Appearance by the applicant, recipient, authorized representative or their legal representative as well as a representative of the county social service office and the Department is required at a fair hearing.

6. Witnesses may give testimony by telephone unless the ALJ determines that it will be unreasonably difficult to judge the witness's credibility without the witness's presence.
7. The party calling a witness by telephone must provide reliable identification of the witness and provide a satisfactory telephone connection. A party calling a witness by telephone must provide notice of that intention to the ALJ and to the other parties at least three days before the date of the hearing unless the ALJ determines arrangements may be made on shorter notice.
8. The hearing shall be conducted in an impartial manner. Witness testimony is taken under oath, subject to penalties for perjury. Perjury means making false statements under oath. The ALJ will advise witnesses of the penalties for perjury prior to their testimony.
9. The ALJ must be referred to as Judge or Your Honor, and other parties and witnesses must be referred to as Mr., Ms., or Mrs. While the hearing is conducted in a semi-informal manner, it is a formal proceeding. It is important that everyone be treated with respect, and that familiarity is removed from the proceeding to maintain the appearance of neutrality.

10. The proceedings at the hearing will be recorded by mechanical, electronic, or other means capable of reproduction or transcription.

When a hearing is conducted by telephone:

1. Speak slowly and pause appropriately. Wait until a question is completed before answering. (Remember, telephone is still send or receive.) Do not interrupt when someone else is speaking. If the ALJ interrupts, stop talking. The ALJ may be making a ruling or redirecting a witness who is giving irrelevant testimony.
2. The physical location of the telephone is important. Make sure the witness is close to the speaker so that the ALJ and other parties can clearly hear the witness.
3. Remember that communication is only verbal. The ALJ cannot see the witness or other persons present by telephone. It is important to speak clearly and make all responses verbal, not um hmm, uh-uh, yeah, etc.

When a hearing is conducted in-person:

1. The ALJ will set up the hearing room and direct placement of hearing participants.
2. The ALJ should be left alone in the hearing room until the appellant arrives so that neither side has time alone with the ALJ. This will minimize any chance for inappropriate remarks and preserves the appearance of fairness and neutrality.

Issues to be Considered During the Fair Hearing
448-01-30-40
(Revised 3/1/12 ML #3304)
[View Archives](#)

The issues for consideration in a fair hearing are limited to the actions described in the notice that resulted in the request for appeal.

Applicants or recipients who requested a hearing may only raise additional issues during the hearing if all the following conditions are met:

1. At least ten days before the date set for the hearing, the applicant or recipient provides:
 - a. A written statement of additional issues;
 - b. A copy of any documents and a description of any exhibit proposed for introduction in support of the additional issues; and
 - c. A brief synopsis of testimony of any proposed witness relating to the additional issues.
2. The applicant or recipient consents to a continuance and waives any requirement that a decision be made within a limited time. In SNAP appeals, the dispositional deadline cannot be waived. A continuance may be granted but cannot exceed 30 days.
3. The applicant or recipient secures the consent of the Department.

Continuance of Fair Hearing for Additional Evidence
448-01-30-45
(Revised 3/1/12 ML #3304)
[View Archives](#)

If the Administrative Law Judge (ALJ) determines that additional evidence is necessary for a determination, the ALJ may:

1. Continue the hearing to a later date, order further investigation and direct either party to produce the additional evidence.
2. Close the hearing and hold the record open for a stated period in order to permit additional evidence or written argument if the request for additional time is accompanied by a written waiver of the requirement that a decision be made within ninety days. In SNAP appeals, the dispositional deadline cannot be waived. A continuance may be granted but cannot exceed 30 days.

If the request for additional time is not accompanied by a written waiver, the record must be held open for no more than three additional days.

If an expedited hearing has been requested, no additional time may be granted unless a written withdrawal of the request for an expedited hearing accompanies the request for additional time.

**Administrative Law Judge (ALJ) Recommended Hearing
Decision 448-01-30-50
(Revised 3/1/12 ML #3304)**
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After the hearing has been closed, the ALJ will issue a recommended decision. The recommended decision must include a statement of the facts and of the statutes, regulations, rules, or policies involved and the reasoning that supports the recommended decision.

After review by the appeals supervisor and state policy administrators, the recommended decision is submitted to the Executive Director of the Department of Human Services.

Decision on Hearing 448-01-30-55
(Revised 3/1/12 ML #3304)
[View Archives](#)

Upon receipt of the administrative law judge's recommended decision, the Executive Director of the Department of Human Services may:

- Adopt the recommended decision;
- Decide the matter on the record; or
- Order another hearing to be conducted.

When a decision is signed by the Executive Director of the Department of Human Services, a copy of the signed decision is sent to the applicant or recipient along with information on how to request a rehearing or appeal to district court and an affidavit of mailing. This information is sent by regular mail with a return service requested.

Release and Retention of Fair Hearing Records
448-01-30-60
(Revised 3/1/12 ML #3304)
[View Archives](#)

The exclusive record of the decision will include the:

- Verbatim record or transcription of the testimony
- Exhibits
- All papers and requests filed in the proceeding
- The administrative law judge's recommended decision
- The Department's decision

This record is available to the applicant or recipient for three years after the date of the Department's decision in all SNAP cases and for ninety days after the date of the Department's decision in all other cases. A reasonable transcription fee may apply.

The Legal Advisory Unit retains SNAP fair hearing records for 100 years after the case is closed. For all other Economic Assistance and Health Care Coverage Programs, fair hearing records are retained for a period of six years from the date of the final decision.

Reconsideration and Rehearing of Final Decision

448-01-30-65

(Revised 3/1/12 ML #3304)

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1. A request for rehearing of the final decision issued by the Executive Director of the Department of Human Services must be filed with the Appeals Supervisor within 15 days from the date of final decision.
2. The request must be based upon new evidence indicating that an unjust or invalid determination has been made, or upon an allegation that the final decision was based on an incorrect interpretation of administrative rules and regulations.

When a request for rehearing is to permit presentation of additional evidence, the request shall:

- a. Describe the additional evidence;
 - b. Show why it was not previously introduced; and
 - c. Explain its materiality.
3. The Executive Director of the Department of Human Services may deny the request for rehearing, reconsider the final decision without a rehearing or order a rehearing.
4. A decision issued upon a request for rehearing is not appealable through the Department of Human Service. The applicant or recipient may appeal to district court within 30 days after the date of final order of the rehearing.

Intentional Program Violation (IPV) 448-01-35

General Information 448-01-35-05 (Revised 3/1/12 ML #3304)

[View Archives](#)

Any individual who is suspected of withholding information for the purpose of improperly establishing or maintaining eligibility for benefits shall be referred to the Legal Advisory Unit (LAU) for a determination of an IPV. IPV's are pursued in the CCAP, SNAP and TANF programs.

This section includes IPV hearing procedures only. For specific information on intentional program violation policies for these programs, refer to the sections below:

- [CCAP](#) 400-28-160 Intentional Program Violation
- [SNAP](#) 430-05-75 Intentional Program Violation
- [TANF](#) 400-19-135 Intentional Program Violation

Legal Advisory Unit's (LAU) Intentional Program Violation (IPV) Procedures 448-01-35-10
(Revised 3/1/12 ML #3304)
[View Archives](#)

When an [SFN 1940](#) – TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation is submitted to the LAU:

1. The IPV is date stamped, and a file is opened. A file is opened for each program for which an IPV is being pursued.
2. The IPV is reviewed for accuracy and checked for prior violations. If an error is found, the county worker will receive either a phone call or letter.
3. If an individual has signed a waiver of hearing under part A or B, LAU will prepare a Findings & Order for signature by the Executive Director of the Department, as well as a letter to the county director. A copy of the original Findings & Order is mailed to the individual, the regional representative, the program administrator and the county director.

NOTE: No Order will be signed by the Executive Director of the Department after the 20th of the month

4. If an individual has not signed a waiver of hearing, a consolidated hearing will be held for all programs for which the IPV is being pursued. LAU will prepare a hearing packet to be sent to the Office of Administrative Hearings (OAH). A copy of all information will be sent to OAH, the eligibility worker and the applicant or recipient in violation. An Administrative Law Judge (ALJ) will be assigned and a hearing will be scheduled.
 - If the applicant or recipient has legal representation, LAU will request representation from the Attorney General's Office for the county.

- If the applicant or recipient does not have legal representation, the county will represent itself at the hearing.
5. When the hearing is complete, OAH will send a Recommended Findings & Order. LAU will send a copy to the program for review. If program agrees, the Order will be sent to the Executive Director of the Department. If program disagrees, LAU will re-write the Order and present both Orders (from the ALJ and LAU) to the Executive Director of the Department who will make a decision and sign the appropriate Order. A copy of the Order is mailed to the individual, the regional representative, the program administrator and the county director.

NOTE: No Order will be signed by the Executive Director of the Department of Human Services after the 20th of the month.

Office of Administrative Hearing (OAH) Intentional Program Violation Notification 448-01-35-15
(Revised 3/1/12 ML #3304)

[View Archives](#)

When OAH receives a hearing packet from the Legal Advisory Unit, OAH will mail a written notice of an intentional program violation hearing (Notice of Hearing and Specification of Hearing) to the applicant, recipient or authorized representative and the county, not less than thirty days prior to the hearing. The notice will include, but is not limited to, the following

1. The date, time, and place of the hearing;
2. The issue for the hearing, including a statement of the alleged violation against the applicant or recipient;
3. The disqualification periods if it is determined the applicant or recipient has committed an intentional program violation;
4. Instructions as to hearing procedures, submission of documents, identification of witnesses, and requesting a continuance.
5. The [SFN 1940](#) - TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation is included as an attachment. The SFN 1940 notice includes, but is not limited to, the following:
 - a. A summary of the evidence, and how and where the evidence can be examined;
 - b. A statement that the applicant or recipient may waive the right to appear at an intentional program violation hearing; and
 - c. A copy of the [DN 1087](#) – Legal Services Organizations

The applicant or recipient must be referred to the OAH for any questions they may have regarding this notice or the hearing.

**Applicant or Recipient's Rights and Responsibilities -
Intentional Program Violation (IPV) 448-01-35-20
(Revised 3/1/12 ML #3304)**

[View Archives](#)

When a notice of IPV hearing has been issued, the applicant, recipient or their authorized representative must be allowed an opportunity to:

1. At a reasonable time before the hearing and during the hearing:
 - a. Examine the contents of the household's case file.
 - b. Examine all documents and records used at the hearing.
2. Present the case or have it presented by an authorized representative who could include legal counsel or an interpreter, or both.
3. Bring witnesses.
4. Establish all pertinent facts and circumstances.
5. Advance arguments without undue interference.
6. Question or contest any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.

**County's Responsibilities - Intentional Program Violation
(IPV) 448-01-35-25
(Revised 3/1/12 ML #3304)**
[View Archives](#)

When a notice of IPV hearing has been issued, the county must:

1. Provide copies of evidence to the Administrative Law Judge within the timeframe indicated in the notice from the Office of Administrative Hearings whether the evidence was already provided to the Department or not.
2. Ensure the necessary witnesses are at the hearing.
3. Bring the necessary evidence to the hearing.
4. Come to the hearing prepared as though the applicant will attend, even though you may have reason to believe the applicant, recipient or authorized representative will not attend the hearing.
5. Make certain the conference telephone is in good working order.

Office of Administrative Hearing (OAH) Intentional Program Violation (IPV) Hearing Procedures 448-01-35-30 (Revised 3/1/12 ML #3304)

[View Archives](#)

An administrative hearing is similar to a trial in court. All witness testimony is under oath. Hearings are formal but conducted as informally as possible and will be conducted in-person or by telephone.

An Administrative Law Judge (ALJ) presides at the administrative hearing. The ALJ is an OAH employee, not a Department of Human Services employee. The ALJ conducts the hearing, decides which evidence to admit and has the duty to ensure the hearing meets due process requirements.

The County (Department) has the burden of proof; it must show by clear and convincing evidence that there was a program violation and that it was intentional. The County must make this presentation of evidence whether or not the applicant or recipient attends the hearing.

Facts must be established and evidence presented at the hearing. Generally, documentary evidence is submitted prior to the hearing, but must still be offered for admission at the hearing. Evidence may be testimony or documents and must be relevant to the hearing issues. The parties may ask questions of witnesses and offer evidence to be admitted. The ALJ may ask questions of witnesses and admit evidence.

If the applicant, recipient or a representative fails to appear at the hearing without good cause, as determined by the ALJ, the hearing will be conducted as scheduled, without the household's representation. If the applicant or recipient cannot be located for the service of the notice of hearing, OAH will return the file to LAU, who will return it the county until the applicant or recipient is located.

If the hearing is conducted without the applicant, recipient or a representative present and there is a determination that an IPV has been committed, the applicant or recipient has ten days from the date of the hearing to present reasons indicating good cause for failure to appear. If an ALJ or the appeals

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supervisor later determines there was good cause for the failure to appear, a new hearing must be conducted.

Administrative Law Judge (ALJ) Recommended Intentional Program Violation (IPV) Hearing Decision 448-01-35-35 (Revised 3/1/12 ML #3304)

[View Archives](#)

Within 90 days of the date the applicant or recipient is notified in writing that the hearing has been scheduled:

- The hearing will be conducted;
- A decision will be made; and
- The applicant or recipient will be notified of the decision.

The ALJ's decision is based on the evidence offered and admitted, as well as on applicable law. The ALJ's recommended decision must specify the reasons for the decision, identify the supporting evidence, identify the pertinent regulations, and respond to reasoned arguments made by the applicant, recipient or representative.

The ALJ issues a recommended decision (findings of fact, conclusions of law and order) to the parties and the Executive Director of the Department. A copy of the Order is sent by regular mail with an affidavit of mailing to the individual with return service requested. A copy of the Order is sent to the regional representative, the program administrator and the county director.

NOTE: There is no further administrative appeal after the intentional program violation hearing. A subsequent fair hearing procedure cannot reverse a determination of an intentional program violation arising from an intentional program violation hearing.

**Decision on Intentional Program Violation (IPV) Hearing
448-01-35-40
(Revised 3/1/12 ML #3304)**
[View Archives](#)

Upon receipt of the administrative law judge's recommended decision the Executive Director of the Department of Human Services may:

- Adopt the recommended decision;
- Decide the matter on the record; or
- Order another hearing to be conducted.

When a decision is signed by the Executive Director of the Department of Human Services, a copy of the signed decision is sent to the applicant or recipient. The decision is sent by regular mail with a return service requested.

A decision signed by the Executive Director of the Department is final and is not appealable.

**Release and Retention of Intentional Program Violation
(IPV) Records 448-01-35-45
(Revised 3/1/12 ML #3304)**
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The exclusive record of the decision will include the:

- Verbatim record or transcription of the testimony
- Exhibits
- All papers and requests filed in the proceeding
- The administrative law judge's recommended decision
- The Department's decision

This record is available to the applicant or recipient for three years after the date of the Department's decision in all SNAP cases and for ninety days after the date of the Department's decision in all other cases. A reasonable transcription fee may apply.

The Legal Advisory Unit retains all IPV records for 100 years after the case is closed.

**Consolidation of Intentional Program Violation
(IPV) Hearing with a Fair Hearing 448-01-35-50
(Revised 3/1/12 ML #3304)**
[View Archives](#)

An IPV hearing and a fair hearing may be combined into a single hearing if the factual issues arise out of the same or related circumstances and the individual or household receives advance notice that the hearings will be combined. When the hearings are combined, the IPV timeframes apply, but the individual or household is entitled to a waiver of the thirty-day advance notice period upon its request.

Case File Maintenance 448-01-40

Purpose of Case Files 448-01-40-05 (Revised 3/1/12 ML #3304)

[View Archives](#)

Case files, whether hard copy or electronic, must be established and maintained for applicants and recipients served by the Economic Assistance and Health Care Coverage Programs administered by the State Office or county social service offices. Case files must include all supporting documents relevant to eligibility determinations.

The case file also:

1. Provides historical data on eligibility determinations;
2. Supports the state and federal funds paid to county social service offices and the Department;
3. Provides a basis for supervision by county social services offices and the Department supervisory staff;
4. Facilitates administrative reviews or audits conducted periodically by federal, state and county staff;
5. Aids the gathering of information for special surveys and reports as requested by federal, state and county staff;
6. Provides the Quality Control reviewer easy access to eligibility data;
7. Provides accurate, up-to-date information used in making referrals to other agencies;
8. Facilitates the transfer of administrative responsibility for Basic Care Assistance, Child Care Assistance, Health Care Coverage, LIHEAP, SNAP or TANF cases from one county or eligibility worker to another; and

9. Provides an additional method for identifying staff training needs.

Establishing the Case File 448-01-40-10 (Revised 3/1/12 ML #3304)

[View Archives](#)

Once an application has been received in the county or state office the application must be registered no later than five calendar days of receipt. Each applicant is assigned a unique case number by the computer system.

A case file must be established containing the application and all other supporting documentation. This becomes the applicant or recipient's permanent record. Each case file must be labeled using the name of the primary information (PI) person to accommodate the alphabetical filing system.

NOTE: Legal name should be used on the case file and in the computer system.

Securing Case File 448-01-40-15 (Revised 3/1/12 ML #3304)

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Case files are the property of the county or Department and must be kept confidential in a secure area at all times. Locked files provide the best safeguard against loss or damage.

Case files containing Federal tax information received through the IEVS interface must be labeled with "Federal Tax Information" on the front of the file. The case file must also have a separate tab for the Federal tax information received through the interface. A list of all case files containing Federal tax information received through the interface must be maintained by each office. This list must contain the case number, applicant or recipient's name, and if the case is open, closed, or disposed.

Staff must not remove portions of the records from the case file and must not remove the case file from the office unless:

1. Staff have been subpoenaed to appear in court and the case record is a necessary source of data;
2. The eligibility worker is meeting with an applicant or recipient outside of the office;
3. The case file is being transferred to another county or to the state office;
4. A fair hearing is held elsewhere, other than the county office; or
5. Quality Control or the Department requests the file.

Hard Copy Case File Organization 448-01-40-20
(Revised 3/1/12 ML #3304)[View Archives](#)

Case files must include all supporting documents and a case file narrative relevant to eligibility determinations, including system screen prints of information that cannot be retrieved from TECS or Vision.

Case files must be organized to ensure convenient access and uniformity when used by county staff, Quality Control, state staff and when transferring from one worker to another.

To ensure uniformity, it is recommended case file documents be separated by tabbed dividers, into the following classifications.

RECOMMENDED CASE FILE ORGANIZATION

LEFT SIDE	RIGHT SIDE
BUDGET	NARRATIVE
MONTHLY REPORT APPLICATION REVIEW	CORRESPONDENCE
MED-SOCIAL REVIEW	JOBS WORK REGISTRATION BEST
VERIFICATION SUBFILE FOR IDENTITY, CITIZENSHIP, BIRTH, AND SSN	ADDITIONAL FORMS
LEGAL	IEVS
CLAIMS/IPVs	MISCELLANEOUS

Electronic Case File Organization 448-01-40-25 (Revised 3/1/12 ML #3304)

[View Archives](#)

Electronic case files can be accessed through FileNet, which is a web based application. Electronic case files must include all supporting documents relevant to eligibility determinations, including system screen prints of information that cannot be retrieved from TECS or Vision.

Case files must be organized to ensure convenient access and uniformity when used by county staff, Quality Control, state staff and when transferring from one worker to another.

To ensure uniformity, the standard naming convention must be used when scanning and storing all documents in FileNet. The standard naming convention consists of:

- The case number followed by an underscore. For CCAP and LIHEAP cases, use the SSN of the applicant since they are not assigned a case number.
- The defined short name followed by an underscore. Definitions of the short name can be found on the County Intranet, in the Scanning Project folder under County Social Services.
- The date a document is created by the county or the date information is received in the county office followed by an underscore.
- An optional field.

An example of the naming convention for a birth certificate:

12345_20_11152011_JohnJr.tif

Case File Narrative 448-01-40-30
(Revised 3/1/12 ML #3304)
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Narratives are used to document eligibility determinations. It is recommended that case file narratives be completed within the eligibility system. Narratives must include:

1. The eligibility determination made at initial application or review including all financial and non-financial factors and verifications used in the determination.
2. Use of [prudent person concept](#) and the decision arrived at when applying this concept.
3. Any change in a recipient's circumstances resulting in a change in eligibility.
4. Circumstances relating to overpayments, underpayments and questions of suspected fraud and abuse, actions taken, and how resolved.
5. Any other information used in the eligibility determination.
6. For Health Care Coverage, the completion of an ex parte review.

The information in the narrative is part of the case file and may be viewed by the applicant, recipient, authorized representative, legal representatives, administrative law judges and attorney generals. Based on this, narratives must not include:

1. Personal opinions of applicant's or recipient character or circumstances.
2. When a case specific directive is received from the regional representative or policy administrator, documentation should not

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include “regional representative or state office said” but rather the policy reference or basis for the decision.

Following is a recommended format and example of information to include in the case file narrative. Additional information may need to be added based on the programs applied for and case circumstances.

NEW APPLICATION OR REVIEW	Include case name, programs applied for and approval or denial.
DATE OF NARRATIVE	
ELIGIBILITY WORKER NAME	
PROGRAM INFORMATION	List date application was requested, date application was returned, person interviewed and if expedited for SNAP processing timeframe.
EBT CARD ISSUED	Date issued.
RESIDENCY	Residential address including city and state.
HOUSEHOLD COMPOSITION	List all household members including unborn, specifying relationship, ages, how they purchase and prepare meals and living arrangement. Include disqualified members and reason for disqualification.
CITIZENSHIP/IDENTITY	For Health Care Coverage, list level verified and type of verification of each household member.
WORK REGISTRATION/BEST/ABAWDS/JOBS	<p>For SNAP, list household members required to work register, receiving ABAWDS months or required to participate in BEST. If exempt, document reason.</p> <p>For TANF, list household members required to participate in JOBS or if exempt indicate reason.</p>

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ASSETS	List liquid assets including bank and current value, vehicles including value and outstanding loan amount, if known, and other assets specifying asset and value.
INCOME	<p>List all household members' earned and unearned income. Document what income was used in application month and second or third beginning months, how often paid, employer, etc.</p> <p>For SNAP and CCAP, indicate if income was converted.</p>
EXPENSES	<p>List all deductible expenses.</p> <p>For SNAP, if household is in receipt of LIHEAP or responsible for utilities, specifying utility standard and why it was allowed or not allowed. Also, document request for expense the household failed to verify.</p>
HEALTH INSURANCE	List policies and who is covered.
PCP	List household members and their PCP.
OTHER COMMENTS	Any other information used in the eligibility determination such as pending disability, disqualifying transfers or TANF lifetime limits.
ACTION TAKEN	<p>Program approval or denial including effective date of program eligibility, length of review period and household members covered.</p> <p>For Medicaid, indicate if it is monthly reporting or continuous eligibility coverage period.</p>

Client's Access to Files 448-01-40-35
(Revised 3/1/12 ML #3304)
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An applicant or recipient, their authorized representative or legal representative, can have access to the applicant or recipient's case records, subject to limitations defined in the Confidentiality Manual at 110-35-40 located on the County Intranet in the 'Legal' folder.

Case File Transfers 448-01-40-40
(Revised 3/1/12 ML #3304)
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When a household moves from one county to another, the case file must be transferred to the new county with the exception of LIHEAP. For LIHEAP, the household must reapply in the new county.

Case files must be transferred in a timely manner to allow the receiving county an opportunity to review the case. The sending county must ensure the case file and narrative is up to date and all outstanding issues such as IEVS alerts, overpayments and underpayments are completed.

NOTE: If the case is not up to date or there are outstanding issues, it is recommended the receiving county work with the sending county to resolve the issues taking into consideration what is in the best interest of the recipient.

Prior to transferring case files (including all volumes) all unnecessary information must be destroyed. See [448-01-40-45-10](#) - Case File Destruction for policy on destroying case file documents. Do not include copies of notices or budgets that are available in TECS and Vision that do not include additional documentation.

All actions on the [SFN 700](#) - Case Transfer Log must be completed and included with the case file when transferred. Any special case circumstances must be included on the Case Transfer Log.

Once the case file is ready for transfer, the cases in the eligibility systems must be transferred. A notice of transfer is automatically sent to the household when the case is transferred in Vision. The worker must send the notice of case file transfer to the household when the case is transferred in TECS.

County social service offices must maintain an up-to-date log or inventory of incoming and outgoing cases.

Hard copy case files will normally be transferred by certified mail, although a physical transfer may be cost effective in some instances. When sending by certified mail, a receipt stamped with the date of mailing is received. The receipt includes a unique article number used to verify delivery online. The online verification of delivery must be printed, attached to the original receipt and maintained.

When a case transfers from a county with electronic case files to a county who does not have electronic case files, the county who does not have electronic case files must use the information in FileNet up to the date they received the file. From the date they receive the electronic file and forward, the county who does not have electronic case files must create a hard copy file and include only information received from that point forward. Information stored in FileNet must not be printed off and placed in the new hard copy file.

Note: Requests for access to FileNet must be submitted to the Information Technology Services Unit of the Department.

For specific program policies on case file transfers, see program policies:

- [SNAP](#) 430-05-67-30, Household Moves to a New County Within the State
- [TANF](#) 400-19-75-40-25, JOBS or Tribal New Participant Moves to Another County
- [CCAP](#) 400-28-127-10, Moving to Another County
- [LIHEAP](#) 415-40-30, Transferring a Case to a Different County and 415-15-05-30-10 – Transferred Cases (Reapplication)

Transfer of Case File Documents 448-01-40-40-05

(Revised 12/1/12 ML #3352)

[View Archives](#)

When a request for case file documents is received from another county and the documents are not stored in FileNet, the documents cannot be sent by e-mail to the requesting county. To ensure information remains secure based on confidentiality policies, the documents must be transferred using the Secure File Transfer System, unless the county chooses to send them by certified mail.

The Secure File Transfer System allows agencies to perform encrypted file transfer functions. The web application allows agencies to upload files to the application which can then be downloaded by the recipient of the information. Instructions on the use of the Secure File Transfer System are located on the County Intranet in the 'Information Technology Services' folder.

Case File Retention and Destruction 448-01-40-45

Case File Retention 448-01-40-45-05

(Revised 12/1/12 ML #3352)

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Case files, including all supporting documents, must be retained for three years after a case is closed. For Medicaid, case files involving a community spouse must be retained for three years after both spouses are deceased.

If any litigation, claim, negotiation, audit or other action involving the case record has been started before the expiration of the three-year period, the records must be retained until completion of the action and resolution of all issues that arise from it, or until the end of the regular three-year period, whichever is later.

Case files containing IEVS UFO, BENDEX Wage, and Social Security Administration information received through the interfaces and protected health information must be retained for three years after the closing date of the case or five years if the information has been re-disclosed.

NOTE: Providing a copy of the TPQY to the applicant, recipient or authorized representative is not considered a re-disclosure.

Case File Destruction 448-01-40-45-10
(Revised 3/1/12 ML #3304)
[View Archives](#)

Because filing space is often limited, a method for disposing electronic or hard copy case files and supporting documentation that have met the retention period is essential. Subsequent reopening of cases does not alter the allowable destruction of materials for the prior period of eligibility once the three years has lapsed. Verification materials such as birth, SSN, etc. required for the current open case must be retained.

Examples:

- 1. Family Smith's TANF/SNAP/Medicaid is closed December 31, 2007. Family Smith reapplies and is eligible in July 2009. At county option on or after December 31, 2010 (three years has elapsed) the case materials for the period of eligibility ending December 31, 2007 may be destroyed.**
- 2. Family Green was approved for TANF/SNAP/Medicaid in March of 2007. TANF and SNAP closed in November 2007. Medicaid remains open. Case materials that pertain only to TANF and SNAP can be destroyed as of December 2010. Case materials that pertain to Medicaid must be retained.**
- 3. John Jones received Medicaid benefits under spousal impoverishment prevention rules from January 2005 until he died July 10, 2006. Jane Jones, his widow, never received benefits of any kind, and died September 20, 2007. At county option on or after September 20, 2010 (three years have elapsed since the widow's death) the case materials may be destroyed.**

The method of disposal must ensure that the confidential contents of a file will not fall into the hands of unauthorized individuals. The only acceptable

methods are burning or shredding, done under the supervision of a representative of the county social service office.

The county office must maintain a destruction record of case files containing Federal tax return information received through an interface (IEVS – UFO and BENDEX) for five years. For all other case files destroyed, the destruction record must be retained for three years. The destruction record must include the material disposed of, date and method of disposal and names and titles of employees who witnessed destruction. A copy of the destruction record of case files containing IEVS – UFO and BENDEX must be sent to the State Office IEVS coordinator at the time of destruction.

Eligibility Computer Systems 448-01-45

Eligibility Systems 448-01-45-05 (Revised 3/1/12 ML #3304)

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Currently, eligibility for Medicaid (Spousal Impoverishment, QS and SSI Buy-In) and Supplemental Nutrition Assistance Program (SNAP) are processed in the Technical Eligibility Computer System (TECS). Healthy Steps, Medicaid (Children and Families and Aged, Blind and Disabled non-Spousal and SSI recipients not eligible for the Buy-In) and Temporary Assistance for Needy Families (TANF) are processed in the VISION Computer System.

Notices and forms created in the Vision System are accessed through Lotus Notes. TECS notices are created and accessed in TECS. Lotus Notes also contains the narratives for all cases processed in TECS and Vision.

NOTE: Narratives created in TECS prior to December 2010 can be viewed in TECS by entering the Case Number and selecting Function 'F4' on any Menu.

Basic Care Assistance Program (BCAP), Child Care Assistance Program (CCAP) and Low Income Home Energy Assistance Program (LIHEAP) are processed through the Natural system and accessed from the Supersession Main Menu as follows:

- SB6810 – Resident Payment System (Basic Care)
- CHLDCARE - NATC-Child Care System
- LIHEAP - NATC-LIHEAP System

Access and Security to the Eligibility Systems
448-01-45-10
(Revised 3/1/12 ML #3304)
[View Archives](#)

The County Director or their designee must request access to eligibility computer systems for staff in their office by using the County System Request/Authorization Form. This form along with instruction for completion can be found on the County Intranet in the Information Technology folder.

This form must also be completed when a staff member terminates employment with the county.

Resetting Passwords 448-01-45-15 **(Revised 3/1/12 ML #3304)**

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To reset a password for CICS/Mainframe or Vision, contact System Support and Development at 701-328-8973 or at sovision@nd.gov.

For additional information on resetting passwords after hours, on weekends or holidays, refer to the TECS or Vision User Manual.

- TECS User Manual at:
<http://dhssorh01.dhs.nd.gov/robo/projects/tecs/tecs.htm>
- Vision User Manual at:
<http://dhssorh01.dhs.nd.gov/robo/projects/vision/vision.htm>

Interfaces 448-01-50

General Information 448-01-50-05 **(Revised 3/1/12 ML #3304)**

[View Archives](#)

The following sections define the interfaces accessed to determine eligibility for Economic Assistance and Health Care Coverage Programs.

Income and Eligibility Verification System (IEVS) 448-01-50-10

Authority Reference 448-01-50-10-05 (Revised 3/1/12 ML #3304)

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- Public Law 98-369, Deficit Reduction Act of 1984
- 7 CFR Parts 271, 272, 273 & 275 for SNAP
- 42 CFR Parts 431 & 435 for Medicaid
- 42 USC 1397 for Healthy Steps
- 45 CFR Part 264 for TANF

Purpose of IEVS 448-01-50-10-10
(Revised 3/1/12 ML #3304)
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Congress amended sections of the law to require some federally funded assistance programs to obtain income data from the Internal Revenue Service (IRS), the Social Security Administration (SSA) and Job Service North Dakota for the purpose of making more accurate eligibility determinations and benefit payments in the Economic Assistance and Health Care Coverage Programs.

Confidentiality and Safeguarding of IEVS Information
448-01-50-10-15
(Revised 3/1/12 ML #3304)
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Federal and state laws and regulations strictly limit the use and disclosure of confidential information received through IEVS to purposes directly related to the administration of Economic Assistance and Health Care Coverage Programs. Policies on confidentiality and safeguarding of information can be found in [448-01-25 – Confidentiality and Safeguarding of Information](#) and 110-01 – Confidentiality located on the County Intranet in the 'Legal' folder.

Improper Access and Disclosure of IEVS Information

448-01-50-10-20

(Revised 3/1/12 ML #3304)

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Federal law requires that each employee be aware of the unauthorized access and disclosure of taxpayer information received through a computer match from the Internal Revenue Service (IRS). Disclosure means information given, without the consent of the recipient, to another agency or individual who does not require the information to determine eligibility for an Economic Assistance or Health Care Coverage Programs.

BENDEX WAGE and UFO information from the IRS MAY NOT be released to any agency or individual, including the applicant or recipient, requesting this information. The BENDEX WAGE information is received from SSA but originated from the IRS.

NOTE: IRS information provided by the applicant or recipient may be shared upon receipt of a signed release of information from the applicant or recipient.

The Department will maintain a fully automated audit trail of IRS information obtained through IEVS. The audit trail will track the:

- Program(s) for which the inquiry was requested (SNAP, Medicaid, or TANF);
- Individual making the query;
- Errors that result from the query (incorrect password);
- Individual did not complete the process through the IEVS screens;

- Queries on recipients who exist on the common database but does not have any history in TECS or Vision, and;
- Queries on recipients who are not known in TECS or Vision.

Reporting and Tracking Improper Access and Disclosure of IRS Information 448-01-50-10-25

(Revised 3/1/12 ML #3304)

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The state and county social service offices must immediately report breaches of access and disclosure requirements applicable to IRS information to the:

- Director of Economic Assistance; and
- Treasury Inspector General for Tax Administration (TIGTA)
 - o Via phone to the regional office 312-886-0620, or to the hotline 800-366-4484.
 - o Or by mail to:
Treasury Inspector General for Tax Administration
Ben Franklin Station
PO Box 589
Washington, DC 20044-0589

The reporter is responsible for providing information until the process is complete.

NOTE: Disclosure means information given, without the consent of the recipient, to another agency or individual who does not require the information to determine eligibility for Economic Assistance or Health Care Coverage Programs.

When an improper disclosure of this information occurs, complete records will be kept of any disclosure of information obtained from IRS. A record of the disclosure must be reported to the Director of Public Assistance and retained for five years or the life of the records, whichever is longer. The record must include:

- Date and time of incident

- Date and time incident was discovered
- How the incident was discovered
- Description of the incident and data involved (include specific data elements if known but do not include client specific information)
- Potential number of Federal Tax Information records involved (if unknown provide a range if possible)
- The address where the incident occurred
- Information technology involved (laptop, server, mainframe)

**Penalty for Improper Access and Disclosure of IEVS
Information 448-01-50-10-30
(Revised 3/1/12 ML #3304)**
[View Archives](#)

It shall be unlawful for any person to willfully **access or disclose information** from the IRS, unless the information is needed to determine eligibility for the Economic Assistance or Health Care Coverage Programs. The following penalties apply:

- Any violation of **unlawful access** shall be punishable, upon conviction, by a fine in any amount not exceeding \$1,000, or imprisonment of not more than 1 year, or both, together with the costs of prosecution.
 - Any violation of **unlawful disclosure**
 - o Unauthorized Disclosure - Shall be a felony punishable by a fine in any amount not exceeding \$5,000, or imprisonment of not more than 5 years, or both, together with the costs of prosecution.
 - o Civil Damages: The greater of:
 - \$1,000 for each act of unauthorized disclosure of a return or return information with respect to which such defendant is found liable, or
 - The sum of:
 - o The actual damages sustained by the plaintiff as a result of such unauthorized disclosure, plus
 - o In the case of a willful disclosure or a disclosure which is the result of gross negligence, punitive damages, plus
 - The costs of the action.
- NOTE: Liability and Civil Damages can be pursued against an individual who unlawfully disclosed information from the IRS, at any time within 2 years**

after the date of discovery by the plaintiff of the unauthorized disclosure.

Complete information regarding the Tax Information Security Guidelines for Federal, State and Local Agencies, IRS Publication 1075 can be found at www.irs.gov.

Notification of Information Received Through IEVS
448-01-50-10-35
(Revised 3/1/12 ML #3304)
[View Archives](#)

All applicants and recipients must be notified at the time of application and review that their social security number will be used to match against information from other government agencies. This notification is included in the Application for Assistance Guidebook and on review forms. The notification also informs individuals that the match may affect their eligibility and level of benefits.

Agencies participating in IEVS include but are not limited to the Internal Revenue Service, Social Security Administration and Job Service of North Dakota.

**IEVS Match Method 448-01-50-10-40
(Revised 3/1/12 ML #3304)**[View Archives](#)

Electronic files are used to send all recipients in TECS or Vision to the interface sources. TECS displays the matched response information. Eligibility Workers report the results of the matched information in TECS through the IEVS menu (IEME) screen. The online [TECS User Manual](#) describes how to work and report information on the matched individuals in the IEVS section of the Eligibility Technician Menu in the Maintenance book.

SNAP recipients are included in the electronic files sent to the interface sources. However, IEVS UFO and IEVS Quarterly Wage Match hits are not followed up on for SNAP. These hits are only acted on for SNAP if verification is obtained for Medicaid or TANF. IEVS UIB must be acted on for SNAP.

Child Care Assistance Program (CCAP) and LIHEAP only recipients are not sent to the interface sources. However, if individuals in receipt of CCAP or LIHEAP are also in receipt of Medicaid, SNAP or TANF, verification received as a result of an IEVS hit must also be acted on.

Since individuals in receipt of Basic Care (BCAP) are also in receipt of Medicaid, they are included in the electronic files sent to the interface source. Verification received for Medicaid as a result of an IEVS hit must also be acted on for BCAP.

Internal Revenue Service (IRS) 448-01-50-10-45
(Revised 3/1/12 ML #3304)[View Archives](#)

An electronic file is sent to IRS approximately once a month for all new recipients approved that month and existing recipients in a TECS or Vision case that are due for an annual request of data. IRS processes the data and information is returned to the Department through an electronic file. The Federal Tax Information returned from IRS is from tax returns for the current tax year and includes interest, dividends, gambling winnings, agriculture subsidies, capital gains and sale of stocks and bonds. This file is used to create the IEVS Unidentified Financial Object (UFO) hits in TECS.

****DO NOT print or include IEVS UFO information in case files.****

Information that specifically addresses where the hit came from or the source of the information cannot be included in the:

- **request for information sent to the recipient**
- **request for information sent to the source**
- **documentation in narratives**

The established [tolerance](#) level for IEVS UFO hits is \$49.99. If the variance between information received through IEVS UFO and information used to determine eligibility is \$49.99 or less for the reporting year per recipient, the hit will display in blue on the IEVS Outstanding Interfaces (IEOI) in TECS. On the IEVS Outstanding Client Interfaces (IEOC) in TECS, the hit will display "TOL" next to the date. The eligibility worker will not be required to take action and it will automatically show on the tracking screen as being correct. The eligibility worker should review those alerts to determine if the recipient failed to report.

If the IEVS UFO information is greater than the tolerance level, the worker must process the IEVS hit. The findings must be entered on the IEVS Tracking Results (IETR) in TECS.

Job Service of North Dakota quarterly Wage Match 448-01-50-10-50 (Revised 3/1/12 ML #3304) [View Archives](#)

An electronic file is sent to Job Service of North Dakota on the 15th and the end of each month for new recipients approved that month. In January, April, July, and October the file also includes all existing recipients in a TECS or Vision case from the quarter that is two quarters prior to the current quarter. Job Service processes the data and information is returned to the Department through an electronic file. IEVS Quarterly Wage Match hits are generated in TECS for all matches.

The established [tolerance](#) level for IEVS Quarterly Wage match hits is \$299.99. If the variance between information received through IEVS Quarterly Wage Match and information used to determine eligibility is \$299.99 or less for the reporting quarter per recipient, the hit will display in blue on the IEVS Outstanding Interfaces (IEOI) in TECS. On the IEVS Outstanding Client Interfaces (IEOC) in TECS, the hit will display "TOL" next to the date. The eligibility worker will not be required to take action and it will automatically show on the tracking screen as being correct. The eligibility worker should review those alerts to determine if the recipient failed to report.

If the Quarterly Wage Match information is greater than the tolerance level, the worker must process the IEVS hit. The findings must be documented in the narrative and entered on the IEVS Tracking Results (IETR) in TECS.

NOTE: Policy allows for Job Service Quarterly Wage match hits to be copied and filed in the case file.

**Job Service North Dakota Unemployment Insurance Benefit
(UIB) 448-01-50-10-55
(Revised 3/1/12 ML #3304)**
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An electronic file is sent to Job Service of North Dakota on the 15th and the end of each month for all existing recipients in a TECS or Vision case. Job Service processes the data and information is returned to the Department through an electronic file. IEVS UIB hits are generated in TECS for all matches.

The established [tolerance](#) level for IEVS UIB hits is \$42.00. If the variance between information received through IEVS UIB and information used to determine eligibility is \$42.00 or less for the reporting month per recipient, the hit will display in blue on the IEVS Outstanding Interfaces (IEOI) in TECS. On the IEVS Outstanding Client Interfaces (IEOC) in TECS, the hit will display "TOL" next to the date. The eligibility worker will not be required to take action and it will automatically show on the tracking screen as being correct. The eligibility worker should review those alerts to determine if the recipient failed to report.

If the IEVS UIB information is greater than the tolerance level, the worker must process the IEVS hit. The findings must be documented in the narrative and entered on the IEVS Tracking Results (IETR) in TECS.

NOTE: Policy allows for Job Service IEVS UIB hits to be copied and filed in the case file.

Social Security Administration (SSA) Information Processed in IEVS 448-01-50-10-60

(Revised 3/1/12 ML #3304)
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An electronic file is received from SSA once a month. The file contains information on wages, pensions and self-employment income reported to SSA for the prior two years. Information in this file is matched against all existing recipients in a TECS or Vision case in the last two years. Beneficiary Earnings Exchange Record (BEER) matches generate the IEVS BENDEX WAGE hits in TECS. BENDEX WAGE information is received from SSA but originated from the IRS.

****DO NOT print or include IEVS BENDEX WAGE information in case files.****

Information that specifically addresses where the hit came from or the source of the information cannot be included in the:

- **request for information sent to the recipient**
- **request for information sent to the source**
- **documentation in narratives**

The established [tolerance level](#) for BENDEX WAGE hits is \$1199.99. If the variance between information received in the BENDEX WAGE hit and information used to determine eligibility is \$1199.99 or less for the reporting year per recipient, the hit will display in blue on the IEVS Outstanding Interfaces (IEOI) in TECS. On the IEVS Outstanding Client Interfaces (IEOC) in TECS, the hit will display "TOL" next to the date. The eligibility worker will not be required to take action and it will automatically show on the tracking screen as being correct. The eligibility worker should review those alerts to determine if the recipient failed to report.

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If the BENDEX WAGE hit information is greater than the tolerance level, the worker must process the IEVS hit. The findings must be documented in the narrative and entered on the IEVS Tracking Results (IETR) in TECS.

Types of Income and Assets Received in IEVS Hits

448-01-50-10-65

(Revised 3/1/12 ML #3304)

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The following listing includes the types of income and assets received in IEVS hits to assist eligibility workers in understanding the data received:

1. W2-G – Statement of Gambling Winnings.
Gambling Winnings - Types of gambling winnings include horse racing, dog racing, sweepstakes, wagering pools, lotteries, bingo, keno, slot machines, and other wagering transactions.
2. 1041-K1 – Beneficiary's Share of Income, Credits, Deductions, etc.
Dividends – Distribution of money, stock, or other property from an estate or trust.
 - Interest – Beneficiary's share of taxable income from accounts with banks, credit unions and thrifts (e.g., certificates of deposit and money market accounts).
 - Business Income and Other Non-passive Income – Beneficiary's share of annuities, royalties, or any other income not subject to passive activity limitation.
 - Passive Income – Rental income from trade or business activities in which beneficiary did not materially participate.
 - Short Term Capital Gain – Income from installment sales, like-kind exchanges and/or other partnerships and fiduciaries of less than one year.
 - Long Term Capital Gain – Income from installment sales, like-kind exchanges or other partnerships and fiduciaries of more than one year.

3. 1065-K1 – Is an information return used to report the income, deductions, gains, losses, etc., from the operation of a partnership. A partnership does not pay tax on its income and passes through any profits or losses to its partners.
- Dividends – Distribution of money, stock, or other property from partnership.
 - Interest – Income from or credited to accounts, including certificates of deposit and money market accounts, with banks, credit unions and savings and loan associations; building and loan accounts; notes, loans, mortgages; tax refunds; insurance companies if paid or credited on dividends left with the company; bonds and debentures; also arbitrage bonds issued by State and local governments after October 9, 1969; gain on the disposition of certain market discount bonds to the extent of the accrued market discount; U.S. savings bonds which include: total interest when bond is cashed or when bond reaches maturity and no longer earns interest; or yearly increase in the bond(s)' value.
 - Royalties – Income from oil, gas, mineral properties, copyrights and patents.
 - Ordinary Income – Share of income (loss) from trade or business activities of partnership.
 - Real Estate – Income (loss) from activity in which partner did not materially participate.
 - Other Rental – Income (loss) activity in which partner did not materially participate.
 - Guaranteed Payments – Partner's share of income for service.
 - Short Term Capital Gain – Income (loss) from partnership of less than one year.
 - Long Term Capital Gain – Income (loss) from partnership of more than one year.

4. 1120S K1 – Shareholder’s Share of Undistributed Taxable Income, Credits, Deductions, etc.

- Dividends – The distribution of cash, value of stock, property or merchandise received as a shareholder (e.g., mutual fund).
- Interest – Income from or credited to accounts, including certificates of deposit and money market accounts, with banks, credit unions and savings and loan associations; buildings and loan accounts; notes, loans and mortgages; tax refunds; insurance companies if paid or credited on dividends left with the company; bonds and debentures; also arbitrage bonds issued by State and local governments after October 9, 1969; gain on the disposition of certain market discount bonds to the extent of the accrued market discount; U.S. Treasury bills, notes and bonds; U.S. savings bonds including total interest when bond is cashed or when bond reaches maturity and no longer earns interest; or yearly increase in the bond(s)’ value; income received or credited to an account that may be withdrawn.
- Royalties – Income from oil, gas, mineral properties, copyrights and patents.
- Ordinary Income – Shareholder’s pro rata share of ordinary income, loss, deductions, credits and other information from all corporate activities.
- Real Estate – Net income (loss) in which shareholder did not materially participate.
- Other Rental – Net income (loss) from other rental activity in which shareholder did not materially participate.
- Short Term Capital Gain – Income from sales and exchanges of capital assets, including stocks, bonds, etc. and real estate held for less than one year.

- Long Term Capital Gain – Income from sales and exchanges of capital assets, including stocks, bonds, etc. and real estate held for more than one year.
5. 1099-G – Statement for Recipients of Certain Government Payments
Unemployment Compensation – Payments of unemployment compensation including Unemployment Compensation paid by Railroad Retirement Board payments.
- Prior Year Refund – Refunds, credits, or offsets of state or local income.
 - Taxable Grant – A grant administered by a Federal, state or local program to provide subsidized energy financing or grants for projects designed to conserve or produce energy. Also reported are other taxable Federal grants of \$600 or more. There is no underlying asset account. The money field is positive.
 - Agricultural Subsidies – U.S.D.A. agricultural subsidy payments made to recipients during the year. Form 1099-G reports the actual owner of the payments.
 - Taxable State Tuition – Earnings part of qualified state tuition program payments made to the designated beneficiary or account owner.
6. 1099-DIV – Statement for Recipients of Dividends and Distributions – Is used to report dividends and distributions for each person: to whom an individual has paid dividends (including capital gains dividends) and other distributions on stock of \$10 or more; for whom an individual has withheld and paid any foreign tax on dividends and other distributions on stock; for whom an individual has withheld any federal income tax under the backup withholding rules; or to whom an individual paid \$600 or more as part of a liquidation.
- Capital Gains – Amount of total capital gain distributions (long-term). Capital gain net income is the excess of the gains from sales or exchanges of capital assets over the losses from such sales or exchanges or an asset given this effect under the Internal Revenue Code.

- Non-Taxable Distributions – Amount of non-taxable distribution. Generally, any distribution made out of earnings and profits by a corporation to its stockholders is considered a dividend.
- Cash Liquidation Distribution – Amount of cash distributed as part of a corporation's partial or complete liquidation.
- Non-Cash Liquidation Distribution – Fair market value (at time of distribution) of non-cash distributions made as part of partial or complete liquidation of a corporation.
- Dividends Qualifying for Exclusion – Taxable dividend distributions from life insurance contracts, exempt-interest dividends from regulated investment companies, substitute payments in lieu of dividends, and payments made to certain payees including a corporation; tax-exempt organization; any IRA; U.S. agency, state, the District of Columbia; U.S. possession; or registered securities or commodities.
- Ordinary Dividend – Amount of ordinary dividends, including those from money market funds and net short-term capital gains from mutual funds, and other distributions on stock.
- 28% Rate Gain – Any amount of capital gains (IND 23) that is 28% rate gain.
- Unrecaptured Section 1250 Gain – Any amount of capital gains (IND 23) that is section 1250 gain from certain depreciable real property.
- Section 1202 Gain – Any amount of capital gains (IND 23) that is section 1202 gain from certain qualified small business stock.

7. 1099-INT – Statement of Recipients of Interest Income

- Interest - Amounts paid or credited by: savings & loan associations, banks, building & loan associations, credit unions or similar organizations; bank deposits, accumulated dividends paid by life insurance companies, indebtedness (bonds, debentures, notes and certificates); in course of trade or business; delayed death benefits from insurance companies; accrued to a REMIC regular interest holder, or paid to a CDO holder.
- Savings Bonds – Interest paid on U.S. Savings Bonds, Treasury Bills, Treasury Bonds and Treasury Notes.

8. 1099-PATR – Statement for Recipients of Taxable Distributions Received from Cooperatives.

- Patronage Dividends – Cash, written notice of allocation or other property distribution by a farmer's cooperative.
- Non-patronage Dividends – Cash written notice of allocation or other property distribution by a farmer's cooperative.
- Retained Allocations – Cash, per-unit retail certificates and other property distributed by a cooperative.
- Redemption Amount – Value of written notice of allocation issued as patronage dividends.

9. 1099-B – Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transaction

Items below relate to the proceeds from broker and barter exchange transactions. Form 1099-B reports proceeds paid from broker and barter exchange transactions for each person for whom the broker has sold (including short sales) stock, bonds, commodities, regulated futures, contracts, foreign currency contracts, forward contracts, debt instruments, etc., or who exchanged property or services through the barter exchange.

- Bartering – Gross amounts received by a member or client of a barter exchange for good or services. This includes cash

received, the fair market value of any property or services received, the fair market value of any trade credit or scrip credited to the member's or client's account.

- Aggregate Profit and Loss – Total profit (loss) from regulated futures or foreign currency contracts.
- Realized Profit or Loss – Profit (loss) realized on closed regulated futures or foreign currency contracts.
- Stocks and Bonds – Gross proceeds from disposition of securities (including short sales), commodities, or forward contracts.

10. 1099-MISC – Statements for Recipients of Miscellaneous Income

Medical Payments – Payments made in the course of trade or business to each physician or other supplier or provider of medical or health care services, including payments made by medical and health care insurer under health, accident, and sickness insurance programs.

- Rents – Income received as rents; e.g., owner of housing projects, real estate rentals for office space, machine rentals and pasture rentals.
- Royalties – Income paid from oil, gas, mineral properties, copyrights and patents.
- Substitute – Total payments received by a broker on behalf of a taxpayer in lieu of dividends or interest as a result of a transfer of a taxpayer's securities for use in a short sale.
- Other Income – Income not reportable in other boxes on form; e.g., prizes and awards, punitive damages, deceased employee's wages paid to estate or beneficiary.

11. 1099-OID – Statement for Recipients of Original Issue Discount.

- Interest – Amount paid or credited. The difference between the stated redemption price at maturity and the issue price of a debt instrument.
- Original Issue Discount – The difference between the issue price of a debt instrument (e.g., stock, bond or promissory note) and the stated redemption price at maturity.
- Original Issue Discount on Treasury Obligations – Amount of OID on U.S. Treasury obligation for the part of the year it was owned by the record holder.

12. 1099-R – Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRA's, Insurance Contracts, etc.

- Gross Distributions – Total amount of distribution from pensions (including disability), profit-sharing plans, retirement plans, employee savings plans or annuities before income tax or other deductions are withheld. Includes premiums paid by a trustee or custodian for current life or other insurance protection, or IRA or SEP distributions. Savings bonds distributed from a pension plan, death benefit payments and death payments made by employers that are not part of a plan. In the case of a distribution representing CD's, the net amount is reported.
- Unrealized Appreciation – Portion of distribution that represents net unrealized appreciation in securities of the employer corporation (or subsidiary or parent corporation) attributable to employee contributions.
- Other Income – Actuarial value of annuity contract or retirement bond, retirement account exchange or death benefit payment that is part of a lump-sum distribution.

13. 1099-LTC – Distributions from Long Term Care Insurance Contract, gross benefits, and accelerated death benefits paid.

14. 1099-MSA – Distributions from Medical Savings Accounts, earnings on distributive excess contributions and gross benefits.
15. SSA-1099 – Social Security Benefit Statement – Total benefits paid – gross amount of benefits the individual is entitled to for the current tax year. This amount is prior to subtracting the amount of any benefit checks returned, adjustments for disability payments, work, overpayments or cash repayments.
16. 1099-S – Statement for Recipients of Proceeds from Real Estate Transactions.
 - Real Estate Sales – Gross proceeds from sale or exchange of real estate.

Verifying IEVS Hits 448-01-50-10-70**(Revised 12/1/12 ML #3352)**[View Archives](#)

IEVS UIB hits are considered verified. All other IEVS hits serve as a lead to determine if income or assets were reported and are correctly considered in determining eligibility.

Based on [SNAP policy](#) at 430-05-80-30, all IEVS hits with the exception of IEVS UIB are only acted on if verification is obtained for Medicaid or TANF.

If the verification is in the case file, the eligibility worker must then determine if the verification was used correctly in determining eligibility. If the verification is not in the case file, for Medicaid or TANF, the following steps must be used to verify the hit.

1. The worker must send a notice **within 30 days from the date of the IEVS hit**, requesting the verification and informing the household they must clarify the potential assets or incomes. The IEVS Asset Verification or IEVS Income Verification notices should be used.
2. If the household contacts the eligibility worker and requests assistance in obtaining the information, the eligibility worker must assist the household. A release of information must be used when contacting the source.
3. If the household contacts the eligibility worker and indicates they do not have this income, the worker **MUST** follow up with the employer to verify the SSN and report the incorrect SSN to the Public Assistance Unit.
4. If the household fails to respond **within 30 days**, an advance notice to close Medicaid or TANF must be sent to the household, however, the verification process must continue.

NOTE: If the household informs the eligibility worker that they have requested the information but have not received it, additional time may be granted. This must be documented in the case file.

5. If the household does not provide the information, the eligibility worker **MUST** contact the source to verify the information. A release of information must be used when contacting the source.
6. If the household/source provides the verification, if the household/source fails to respond or provide the verification, or if the source is unavailable to provide the verification, refer to
 - [TANF policy](#) at 400-19-130-05,
 - [SNAP policy](#) at 430-05-80-30 or
 - [Medicaid policy](#) at 510-05-10-25.
7. If it is determined that the individual could not have received this income (SSN of baby shows earnings, individual in a nursing facility) report the incorrect SSN to the Public Assistance Unit.

The eligibility worker must document the verification of IEVS hits in the narrative with the exception of IEVS UFO hits. IEVS UFO hits are considered IRS tax return information.

****DO NOT print or include IEVS UFO information in case files.****

Information that specifically addresses where the hit came from or the source of the information cannot be included in the:

- **request for information sent to the recipient**
- **request for information sent to the source**
- **documentation in narratives**

Completing and Tracking IEVS Hits 448-01-50-10-75 **(Revised 3/1/12 ML #3304)** [View Archives](#)

Federal Regulations require that IEVS hits must be processed and entered on the IEVS Tracking Results (IETR) screen in TECS within 30 days of the received date on the IEVS Outstanding Client Interfaces (IEOC) screen in TECS.

All fields on the IEVS Tracking Results (IETR) screen relating to the action taken on the IEVS hit must be completed as this information is required by Federal Regulations. For information on how to complete the IETR screen refer to the IEVS section of the [TECS User Manual](#).

Social Security Administration 448-01-50-15

Structure and Memorandum of Understanding (MOU) 448-01-50-15-05

(Revised 12/1/12 ML #3352)

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The Social Security Administration (SSA) was established originally in 1936 to administer the federal retirement benefits provided by the Social Security Act. Subsequent amendments to federal law have added the administration of survivors insurance, disability insurance, health and prescription drug insurance (Medicare), black lung benefits, and the Supplemental Security Income (SSI) programs to its responsibilities.

SSA and the State of North Dakota have a signed MOU to allow SSA to provide information regarding SSA and SSI benefits for applicants and recipients of Temporary Assistance for Needy Families (TANF), Medicaid (MA), Healthy Steps, Child Care Assistance Program (CCAP), Low Income Home Energy Assistance Program (LIHEAP), and Supplemental Nutrition Assistance Program (SNAP).

The Basic Care Program is not part of the MOU agreement; however, since all individuals eligible for Basic Care are in receipt of Medicaid, eligibility workers are allowed to use the SSA information to process Basic Care.

Confidentiality and Safeguarding of Social Security (SSA) Information 448-01-50-15-10

(Revised 12/1/12 ML #3352)

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Federal and state laws and regulations strictly limit the use and disclosure of confidential information received from the Social Security Administration to purposes directly related to the administration of Economic Assistance and Health Care Coverage Programs. The Social Security information received through a computer match is the BEER, BENDEX, IEVS, SVES, TPQY, and SDX. Information provided by SSA remains the property of SSA.

Workers and State office staff will be trained initially when hired and annually thereafter on the requirements of the Privacy Act and Social Security Administration requirements. The Safeguarding Federal Tax Information training is available through E-Learning.

Policies on confidentiality and safeguarding of information can be found in [448-01-25 – Confidentiality and Safeguarding of Information](#) and 110-01 – Confidentiality located on the County Intranet in the 'Legal' folder.

**Improper Access and Disclosure of Social Security
Administration (SSA) Information 448-01-50-15-15
(Revised 3/1/12 ML #3304)**
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Federal law requires that each employee be aware of the unauthorized access and disclosure of information received through an interface with the Social Security Administration. Refer to section [448-01-25-10 – Confidential Information](#).

The information received from these interfaces must not be:

- Disclosed or used for any purpose other than to determine eligibility.
- Used to extract information concerning individuals who are not recipients of the programs.

NOTE: SSA information, with the exception of BENDEX Wage, received through the interface may be released to the applicant or recipient with a signed release of information but cannot be release to any other individual or agency.

SSA information provided by the applicant or recipient may be shared upon receipt of a signed release of information from the applicant or recipient.

The Department will maintain a fully automated audit trail of SSA information obtained through TPQY. The audit trail will track:

- The reason for the inquiry (SNAP, Medicaid, or TANF);
- The individual making the query;

- Errors that result from the query (incorrect password);
- Queries on recipients who are not known to TECS or Vision, and
- Queries on recipients who are known to TECS or Vision but do not have any history in TECS or Vision.

**Reporting and Tracking Improper Access and Disclosure of
Social Security Administration (SSA) Information
448-01-50-15-20
(Revised 3/1/12 ML #3304)**
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The state and county social service offices will immediately report breaches of access and disclosure requirements applicable to SSA information to SSA and the Director of Public Assistance within the Department.

NOTE: SSA information, with the exception of BENDEX Wage, received through the interface may be released to the applicant or recipient with a signed release of information but cannot be released to any other individual or agency.

SSA information provided by the applicant or recipient may be shared upon receipt of a signed release of information from the applicant or recipient.

When an improper disclosure of the information occurs, the employee improperly disclosing the information must create a record of the disclosure to include:

- What information was disclosed
- To whom the disclosure was made
- The purpose for disclosure
- The legal basis for disclosure; and
- The name of the employee who authorized the disclosure.

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This record must be retained for 5 years and a copy of this record must be provided to the Director of Public Assistance.

Penalty for Improper Access and/or Disclosure of Social Security Administration (SSA) Information 448-01-50-15-25

(Revised 12/1/12 ML #3352)

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It is unlawful to disclose any information received from the SSA interface to any individual.

- Any individual who violates this provision shall be deemed guilty of a felony and, upon conviction, shall be punishable by a fine not to exceed \$10,000 for each disclosure, or by imprisonment not exceeding five years, or both.
- Penalty for fraud. Whoever, with the intent to defraud an individual shall be deemed guilty of a misdemeanor, and, upon conviction, shall be punished by a fine not exceeding \$1,000, or by imprisonment not exceeding one year, or both.
- Whoever, with the intent to elicit information as to the social security account number, date of birth, employment, wages, or benefits of any individual shall be, upon conviction, punished by a fine not exceeding \$1,000, or by imprisonment for exceeding one year, or both. This includes:
 - o Falsely representing to the Secretary or Commissioner of the Social Security Administration that he is such individual, or wife, husband, widow, widower, divorced wife, husband, surviving divorced mother, surviving divorced father, child or parent of such individual, or the duly authorized agency of such individual, or of the wife, husband, widow, widower, divorced wife, divorced husband, surviving divorced wife, surviving divorced husband, surviving divorced mother, surviving divorced father, child, or parent of such individual; or
 - o Falsely representing to any person that he is an employee or agent.

Use of Social Security Administration (SSA) as a Source of Information 448-01-50-15-30

(Revised 3/1/12 ML #3304)

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The following are sources of information from SSA:

- The State Data Exchange (SDX) System – This is an on-line inquiry of persons in North Dakota who have had any involvement with the Supplemental Security Income (SSI) Program (Title XVI). This system can be used to verify SSI income.

NOTE: This is accessed through function 17 on the INME menu in TECS.

- The Beneficiary Data Exchange (BENDEX) System – This is an interface with SSA that is used to generate alerts in the TECS and Vision system. This interface is only used to generate alerts and cannot be used to verify SSA income.
- The Third Party Query Procedure (TPQY) – This is an on-line method of requesting verification of Title II (SSA) and Title XVI (SSI) for applicants and recipients. This system can be used to verify SSA, SSI and Medicare benefits, and US citizenship.

NOTE: This is accessed through function 28 on the INME menu in TECS.

- Numident – This is an interface with SSA that is used to verify if client information in TECS and Vision matches with SSA's information for social security number, date of birth, gender, and name.

Supplemental Security Income (SSI) and State Data Exchange (SDX) System 448-01-50-15-35

(Revised 12/1/12 ML #3352)

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SSI

In addition to administering the Retirement, Survivors, and Disability Insurance (RSDI) Program, the Social Security Administration also administers the Supplemental Security Income (SSI) Program which is funded under Title XVI of the Social Security Act. SSI is funded by general tax revenues (not social security taxes). This program replaced state programs of Aid to the Aged, Blind, and Disabled and is designed to help aged, blind and disabled individuals who have little or no income by providing cash payments to meet basic living needs.

SDX

The Social Security Administration has developed a comprehensive system, known as the SSI/State Data Exchange (SDX), for providing states with information about aged, blind, and disabled persons who apply for or receive Supplemental Security Income (SSI). The SDX record consists of SSI eligibility and payment data collected by the Social Security Administration. The information available on the SDX can be used to determine eligibility for CCAP, LIHEAP, Medicaid, SNAP, and TANF.

The SDX is an on-line inquiry of almost all individuals in North Dakota who have formally applied for SSI. This information is displayed on the SDX1/SDX2 Inquiry Screen (Function 17 on INME in TECS) or on the second page of the TPQY Inquiry Screen (Function 28 on INME in TECS).

Individuals are not deleted from the SDX. The state agency always receives the last known information on almost any North Dakota resident who ever applied for SSI and were either denied, received benefits at one time or are currently receiving an SSI benefit. The state agency receives daily files that are processed on the 1st and the 10th of every month which generate the following alerts.

TECS SDX ALERTS GENERATED:

When processing these alerts, follow notice timeframes for the appropriate program.

SDX_&_TECS_\$\$_DIFFER____ SS# ## ####	<p>This alert is generated when a recipient's SSI income in TECS differs from their net pay amount on the SDX.</p> <p>Change the "SI" income on "UNIN" in TECS.</p>
SSI IN SDX, NOT TECS SS# ## ####	<p>This alert is generated when a recipient is in current pay (CO1 or MO1) on the SDX but does not have SSI income in TECS.</p> <p>Add the "SI" income on "UNIN" in TECS.</p> <p>NOTE: For Medicaid, also add the "SI" income on "UNIN," with MA inclusion codes, for all previous months eligible and rebudget/reauthorize each month.</p>

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TECS HAS SSI & NO MATCH ON SDX	<p>This alert is generated if a recipient has "SI" income on "UNIN" and there is no record or information of any kind for that person on the SDX interface.</p> <p>Verify if the recipient is actually getting an SSI check. (Inquire through TPQY or have the recipient verify they are receiving SSI.)</p> <p>If the recipient is not receiving SSI, prospectively remove the "SI" income on "UNIN" in TECS. If recipient was on the Buy-In, add the Part B premium on "EXSA".</p>
TECS HAS SSI, NON-PAY SS# ## ####	<p>This alert is generated when a recipient is not receiving SSI, (SDX payment status is something other than "CO1" or "MO1") but has "SI" income on "UNIN."</p> <p>Remove the "SI" income from "UNIN" in TECS for the future month. If recipient was on the Buy-In, add the Part B premium on "EXSA" and</p>

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	reauthorize the case.
POSSIBLE 1619B ELIG,_SS#_##_####_	<p>This alert is generated when a recipient is 1619B on the SDX, (i.e. has a pay status of "NO1" and a Medicaid test indicator of A, B, or F), but does not have "SI" income on "UNIN."</p> <p>Add "SI" income of \$.00 on "UNIN" in TECS.</p> <p>NOTE: For Medicaid, also add "SI" income of \$.00 on "UNIN," with MA inclusion codes, for all previous months eligible as a 1619B. Force a re-budget and reauthorize each month.</p>
NOT 1619B ELIGIBLE SS# ## ####	<p>This alert is generated if a recipient is not eligible as a 1619B on the SDX (i.e. doesn't have a pay status on "NO1" with an A, B, or F Medicaid test indicator), but has "SI" income of \$.00 on "UNIN."</p> <p>Remove the "SI" income on "UNIN" in TECS for the future month. If recipient was on the Buy-In, add the Part B</p>

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	premium on "EXSA" and reauthorize the case.
1619B ELIG S\BE \$.00	<p>This alert is generated if a recipient is 1619B on the SDX, (i.e. has a pay status of "NO1" and on "A, B, or F" Medicaid test indicator), and has "SI" income on "UNIN" greater than \$.00.</p> <p>Change the "SI" income to of \$.00 on "UNIN" in TECS.</p>

VISION SDX ALERTS GENERATED:

When processing these alerts, follow notice timeframes for the appropriate program.

VISION_HAS_SSI_NOT_SDX	Vision has SSI and (SSN) is not on the SDX. Verify payment status with TPQY. If payment status is not "C01" or "M01," or individual is not 1619B eligible, remove SSI income and change SSI indicator.
SDX & VISION \$\$ DIFFER	SDX and Vision have a discrepancy in the SSI benefit amount for (SSN).

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VISION HAS SSI, NONPAY	(SSN) SDX pay status code is not "C01" or "M01," but SSI income is entered. For TF, change SSI indicator to "No" and delete SSI income. For ME, delete SSI income for the future month and if individual is not 1619B eligible change SSI indicator to "Non-disabled."
NOT 1619B ELIGIBLE	(SSN) SDX pay status code is not "N01," and Medicaid test indicator is not A, B, or F. For TF, change SSI indicator to "No." For ME, change SSI indicator to "Non-disabled" for the future month.
1619B ELIGIBLE	(SSN) SDX pay status code is "N01" with a Medicaid test indicator of A, B, or F. For TF, change SSI indicator to "No" and delete SSI income. For ME, delete SSI income; and if client chooses to be disabled, set SSI indicator to "Disabled."
SSI INCOME ON SDX	(SSN) SDX pay status is "C01" or "M01." There is no SSI income entered. For TF, change SSI indicator to "Yes" and enter SSI income. For ME, enter SSI income; and if client chooses to be disabled, change SSI indicator to "Disabled."

**Annual Supplemental Security Income (SSI) Cost of Living Allowance (COLA) Increases 448-01-50-15-40
(Revised 3/1/12 ML #3304)**[View Archives](#)**SSI**

SSI benefit amounts will be updated or added on November 30th rollover in TECS to incorporate the new SSI benefit amounts. This run will update the January Unearned Income (UNIN) screen with the new SSI amount from the SSI/SDX file. On-line alerts will be generated for each SSI case indicating that the income has changed. After rollover on November 30th, the SDX1 and SDX2 screens in TECS will show December benefit data. These screens will not be updated with the January benefit information until rollover on December 31st.

Medicaid only SSI cases that are "authorized thru" will remain authorized even if the amounts differ. If a Medicaid recipient becomes ineligible for SSI due to the SSA increase, an alert will be received before December 20th. The following alerts will be generated:

TECS ANNUAL SSI/SDX COLA ALERTS:

SSN XXXXXXXXXX 'SI' UPDT	Annual SDX/COLA run automatically updated SSI income on "UNIN" in TECS.
SSN XXXXXXXXXX 'SI' ADD	Annual SDX/COLA run automatically added SSI income on "UNIN" in TECS.

NOTE: There will be no direct update of SSI income for Vision cases. Only the following alerts will be generated from the annual COLA run.

VISION SSI/SDX/COLA ALERTS:

NOT ON SDX/CK TPQY	(SSN) has SSI income in Vision but was not on the SDX COLA file. Check TPQY and update the income amount.
UPDATED SDX COLA AMT.	SDX has been updated with the new COLA SSI amount for (SSN). Update SSI amount.
ADD SDX COLA AMOUNT	SSN) SDX pay status code is "C01" or "M01," but SSI income is not entered. For TF, change SSI indicator to "Yes" and enter SSI income. For ME, enter SSI income; and if client chooses to be disabled, change SSI indicator to "Disabled."

**Social Security Administration (SSA)/Beneficiary Data
Exchange (BENDEX) System 448-01-50-15-45
(Revised 3/1/12 ML #3304)**

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SSA

The Social Security Administration administers the Retirement, Survivors, and Disability Insurance (RSDI) Program which is authorized under Title II of the Social Security Act. SSA is a social insurance program that provides benefits to individuals who have retired, are disabled, survivors of workers who have died and dependents of beneficiaries. The RSDI program is funded through dedicated payroll taxes under the Federal Insurance Contributions Act (FICA).

BENDEX

The BENDEX is a verification of SSA benefits and Medicare Part A and B effective dates, premium amounts, and who is responsible for the premiums.

The social security number of anyone applying for TANF, MA, and/or SNAP is sent to Baltimore for information on the individuals SSA benefit. When the information is received back from Baltimore, it is compared to the SSA information entered into the TECS and Vision systems. If the information does not match, the following alerts will be generated. The eligibility worker must verify the new SSA benefit and/or Medicare premium amounts through the TPQY for TANF, Medicaid, and SNAP.

TECS BENDEX ALERTS GENERATED:

BDX SS# WAS UPDATED	<p>This alert is generated when a BENDEX record is received from SSA.</p> <p>The worker should check TPQY to determine if the benefit amount changed, if a person has become eligible for Medicare or if status of Medicare has changed.</p> <p>NOTE: You may not see any change on the TPQY as a BENDEX record contains many data values. Not all data is displayed on TPQY.</p>
BDX SS# DISCREPANCY	<p>This alert is generated when the gross benefit amount on BENDEX record from SSA is different than the SSA benefit amount (less the Medicare premium) on UNIN in TECS.</p> <p>The worker should check TPQY to determine if the benefit amount changed.</p>
BDX SS# NAME MISMATCH	<p>This alert is generated if there is a mismatch with the name shown on the BENDEX record from SSA and the name shown in TECS.</p> <p>The worker should check TPQY to determine the correct name.</p>

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SS# CHECK TPQY PAY CODE	<p>This alert is generated if the BENDEX record from SSA and has a pay status other than "CP".</p> <p>The worker should check TPQY to get their current status.</p> <p>NOTE: The pay status codes on the TPQY have been defaulted to words for your convenience.</p>
?? FRAUD/BDX CONFLICT WITH XX	<p>This alert is generated when there is a conflict with another state. Either the individual is receiving assistance in another state, has applied for assistance in another state or someone else is using their social security number in another state.</p> <p>The worker should: Check TPQY for address. Ask individual where they previously live and if they were on Medicaid in another state. Contact the other state to determine which state needs to close their case.</p> <p>NOTE: If someone else is using their SSN, the other state needs to re-verify their applicant or recipient's SSN and fix their records.</p>

VISION BENDEX ALERTS GENERATED:

BENDEX UPDATED	<p>This alert is generated when a BENDEX record is received from SSA but there is no SSA income or Medicare premium amount listed in Vision.</p> <p>The alert description states: The BENDEX file has updated information for (SSN). Check TPQY for change in benefit amount and/or Medicare Coverage. Enter correct gross SSA income amount and/or Medicare premium expense if not eligible for SSI or QS Buy-In.</p>
BENDEX \$\$ DISCREPANCY	<p>This alert is generated when there is information on the BENDEX file that is different than what is in Vision.</p> <p>The alert description states: The BENDEX file and Vision have a discrepancy in the SSA gross benefit amount for (SSN). Check TPQY and change the SSA income amount.</p>
BDX NAME ERROR	<p>This alert is generated when the name on the BENDEX file is different than what is in Vision. Check TPQY.</p> <p>The alert description states: BENDEX Name error (SSN) is different than what Vision has.</p>

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CHECK TPQY PAY CODE	<p>This alert is generated when the BENDEX file no longer has a pay code of CP - current pay.</p> <p>The alert description states: Check TPQY Pay Code for (SSN). BENDEX no longer has a 'CP/Current Pay' record.</p>
CHECK FOR FRAUD	<p>This alert is generated when there is a conflict with another state. Either the individual is receiving assistance in another state, has applied for assistance in another state or someone else is using their social security number in another state.</p> <p>The alert description states: Check for Fraud in (State Name) for (SSN). (SSN) may have an open case in (State code) or someone else could be using their SSN.</p>

Annual Social Security Income (SSA) Cost of Living Allowance (COLA) Increases 448-01-50-15-50

(Revised 12/1/12 ML #3352)

[View Archives](#)

North Dakota does not receive an annual COLA file from SSA for social security benefits. On November 30th rollover, all cases for TANF, Medicaid and SNAP that have SSA or Railroad Retirement Benefits income are unauthorized and the authorized through dates removed. No alerts are generated on these cases. The new SSA benefit and Medicare premium amounts must be verified through the TPQY for TANF, Medicaid, CCAP, LIHEAP, and SNAP.

The Basic Care Assistance Program is not part of the MOU agreement; however, since all individuals eligible for Basic Care are in receipt of Medicaid, eligibility workers are allowed to use the SSA information to process Basic Care.

Third Party Query Procedure (TPQY) 448-01-50-15-55

(Revised 12/1/12 ML #3352)

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TPQY (Function 28 on INME in TECS) is an on-line method of verifying Social Security Administration (SSA)/Supplement Security Income (SSI) benefit information, Medicare/Buy-in information and quarters of coverage. It will serve as the data source for information that is not available through the SDX inquiry (Function 17 on INME in TECS).

The inquiry can be completed by using the individual's social security number (SSN) or claim number. When inquiring using the SSN, if the record comes back with a cross-reference claim number, do another inquiry using that claim number. When inquiring by the claim number, only SSA/Medicare (TPQ1) information will be received as SSI information has to be queried by SSN.

TPQY information is received from an interface with SSA and may only be used to determine eligibility, ongoing benefits or payments for Economic Assistance or Health Care Coverage Programs. This information:

- Is only for workers who determine eligibility for the Economic Assistance and Health Care Coverage Programs in North Dakota.
- MUST NOT be released (given, mailed or e-mailed) to any agency or other individual.

This information can be released to the applicant, recipient or authorized representative with a signed release.

Numident 448-01-50-15-60
(Revised 3/1/12 ML #3304)
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On approximately the 4th of each month a file is sent to the Social Security Administration (SSA) containing the social security number, last name, first name, sex and date of birth (mm/yy) of all individuals in TECS and Vision that have not been previously verified by NUMIDENT.

SSA returns the NUMIDENT file around the 15th of each month which verified if client information in TECS and Vision matches with SSA's information for social security number, date of birth, gender, and name. When the return NUMIDENT file is processed, the following indicators display in the NUMIDENT field on Client Profile in TECS or Vision with the results of the match:

- Blank – means the information has not been sent to Social Security Administration
- I – Invalid match for social security number
- S – Sent to Social Security Administration for verification
- V – Valid match for social security number

If the indicator is 'I' (invalid) on client profile, one of the following alerts will be generated.

Situation	Alert in TECS	Alert in Vision
Impossible SSN/never issued to anyone, or no SSN found if all 0's submitted.	SSN Invalid	Alert Name: SSN Invalid Description: SSN Invalid for (keyword – client name). The SSN entered was never issued to anyone by SSA.
Name and DOB match, sex code does not.	SSN Invalid – sex does not match	Alert Name: SSN does not match Description: SSN does not Match because (Keyword – client name) sex does not match the Name and Date of Birth on the SSA records.
Name and sex code match, DOB does not.	SSN Invalid – DOB does not match	Alert Name: SSN does not match Description: SSN does not Match because (Keyword – client name) Date of Birth does not match the Name and Sex on the SSA records.

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Name matches, sex code and DOB do not.	Sex & DOB do not match SSA	Alert Name: SSN does not match Description: SSN does not Match because (Keyword – client name) Sex and Date of Birth do not match the Name on the SSA records.
Name does not match, DOB and sex code checked.	Name does not match SSN	Alert Name: SSN does not match Description: SSN does not Match because (Keyword – client name) Name does not match the Date of birth and Sex on the SSA records.
SSA located an SSN different from what was entered into Vision or TECS based on Name and DOB.	SSA has different SSN for client	Alert Name: SSN Invalid Description: SSN is Invalid for (Keyword – client name). Social Security has a different SSN.
SSA located an SSN different from what was entered into Vision or TECS based on Name only.	SSA has different SSN for client	Alert Name: SSN Invalid Description: SSN is Invalid for (Keyword – client name). Social Security has a different SSN.

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More than 1 SSN found that matched on name and DOB only.	More than 1 SSN at SSA	Alert Name: Multiple SSNs Description: Social Security has more than one SSN on file for (Keyword – client name), based on the name and Date of Birth’.
More than 1 SSN found that matched on name only.	More than 1 SSN at SSA	Alert Name: Multiple SSNs Description: Social Security has more than one SSN on file for (Keyword – client name), based on the name only’

For specific information on how to handle clients with an ‘I’ indicator on the Client Profile window, refer to the sections below:

- [SNAP](#)
- [TANF](#) 400-19-45-60-05, Eligibility Requirements for SSN
- [Medicaid](#)
- [Healthy Steps](#)

North Dakota Vital Statistics Interface 448-01-50-20
(Revised 3/1/12 ML #3304)
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Date of birth, citizenship and relationship can be verified through the Vital Statistic Interface owned by the Vital Statistics Office at the North Dakota Department of Health. This interface is accessed through function 30 on the INME Menu in TECS.

Information received through the Vital Records interface may only be used to determine eligibility, ongoing benefits or payments for Economic Assistance or Health Care Coverage Programs in North Dakota. This information **MUST NOT** be released to any agency or individual (including the applicant or recipient), even with the individual's signed release.

If the interface has information that is inconsistent with what the household has provided, the household needs to be referred to the Vital Statistics Office at the North Dakota Department of Health. Workers should not say what information does not match, but inform the applicant or recipient it cannot be verified and that the individual needs to contact the Vital Statistics Office to obtain a certified copy.

Unemployment Insurance Benefit Interface 448-01-50-25 (Revised 3/1/12 ML #3304)

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Unemployment Insurance Benefits can be verified through the Unemployment Insurance Benefit (UIB) Interface owned by Job Service of North Dakota. Based on the agreement with Job Service, access to this information is limited to a specified number of individuals per county.

The county director or their designee selects the individuals who may have access. The names of the selected individuals must be sent to the Interface Administrator of the Public Assistance Unit. When access is granted, Job Service will e-mail the worker the login User ID and Password.

If the UIB system is not utilized for a six month continuous period, access will be revoked. If revoked, contact the Interface Administrator of the Public Assistance Unit to have access reset.

Requests for access or any questions regarding this interface must be directed to the Interface Administrator of the Public Assistance Unit.

Information received through the UIB Interface may only be used to determine eligibility, ongoing benefits or payments for Economic Assistance or Health Care Coverage Programs in North Dakota. This information **MUST NOT** be released to any agency or individual (including the applicant or recipient), even with the individual's signed release.

If the interface has information that is inconsistent with what the household has provided, the household needs to be referred to the local Job Service Office to obtain verification.

For information on accessing and utilizing this interface, refer to the [UIB Interface User Manual](#).

Motor Vehicle 448-01-50-30 **(Revised 3/1/12 ML #3304)**

[View Archives](#)

Vehicle ownership may be verified by accessing the Motor Vehicle Interface which is owned by the Department of Transportation. This interface has a Session ID of SSMI on the Supersession main menu. The County Director or the County Director's designee must request access to the Motor Vehicle Interface for staff in their office by using the County System Request/Authorization Form. This form along with instruction for completion can be found on the County Intranet in the Information Technology folder.

Information received through the Motor Vehicle Interface may only be used to determine eligibility, ongoing benefits or payments for Economic Assistance or Health Care Coverage Programs in North Dakota. This information **MUST NOT** be released to any agency or individual (including the applicant or recipient), even with the individual's signed release.

If the interface has information that is inconsistent with what the household has provided, the household needs to be referred to the Department of Transportation to obtain verification.

Child Support Enforcement (FACSES) 448-01-50-35 **(Revised 12/1/12 ML #3352)**

[View Archives](#)

Child support information may be verified by accessing the FACSES Interface. This interface has a Session ID of FACSES on the Supersession main menu. The County Director or the County Director's designee must request access to the FACSES Interface for staff in their office by using the County System Request/Authorization Form. This form along with instruction for completion can be found on the County Intranet in the Information Technology folder.

There is a FASCES Eligibility Worker Ledger VIEW user guide available on the County Intranet in the Child Support Enforcement folder.

Information received through the FASCES Interface may only be used to determine eligibility, ongoing benefits or payments for Economic Assistance or Health Care Coverage Programs. This information:

- Is only for workers who determine eligibility for the Economic Assistance and Health Care Coverage Programs in North Dakota.
- MUST NOT be released (given, mailed or e-mailed) to any agency, applicant, recipient, authorized representative, or other individual. Requests from these individuals must be referred to the Child Support Enforcement Unit.

Exception: The date and amount of a child support payment may be provided to the applicant, recipient or authorized representative.

If the interface has information that is inconsistent with what the household has provided, the household needs to be referred to the Child Support Enforcement Unit to obtain verification.

New Hire

Information regarding individuals hired for employment in North Dakota may be accessed through the New Hire option using function M on the FASCES Interface master menu.

Information received from New Hire through the FASCES Interface may only be used to determine eligibility, ongoing benefits or payments for Economic Assistance or Health Care Coverage Programs in North Dakota. This information MUST NOT be released to any agency or individual (including the applicant or recipient), even with the individual's signed release.

Public Assistance Reporting Information System (PARIS)
448-01-50-40
(Revised 3/1/12 ML #3304)
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The Public Assistance Reporting Information System (PARIS) is a computer data matching and information exchange system administered by the Department of Health and Human Services and Administration for Children and Families (ACF). This system provides States with a tool to improve program integrity in administering Economic Assistance and Health Care Coverage Programs. PARIS is designed to match State enrollment data from TANF, SNAP and Health Care Coverage Programs with data from other participating States and from a selected group of Federal databases.

There are three matches currently received through the PARIS Match:

- The Interstate Match – SSN's are used to match State data with data from all other participating States to determine if recipients are receiving assistance in two or more States.
- The Veterans Administration (VA) Match – SSN's are used to match State data from Federal databases to verify recipients who are receiving income and medical coverage/payments from the Department of Veterans Affairs (VA).
- The Federal Match – SSN's are used to match State data with information from the Department of Defense (DoD) and Office of Personnel Management (OPM) to determine if recipients are receiving income/pensions from any of these sources or are eligible for Federal health care coverage.

A file is submitted and the SSN's from our file are matched against other State's and Federal data bases on a quarterly basis. Upon receipt of the return file, a State staff person from each program is provided results of the match.

If a match is received on a recipient, program staff will contact Eligibility Workers individually and provide instructions for needed processing. The county must take appropriate action and respond back to program staff within 10 days.

Form [SFN 1050](#) – PARIS Match (Duplicate Benefits) Out-of-State Inquiry was developed as a tool to obtain verification of Medicaid, SNAP and TANF benefits received in another state.

Lifeline and Link-Up Program 448-01-50-45 (Revised 3/1/12 ML #3304)

[View Archives](#)

The Link Up program can reduce an eligible individual's initial charges to hookup basic local telephone or cellular service by up to 50 percent.

The Lifeline program can reduce an individual's monthly phone bill for basic local telephone or cellular service.

Individuals eligible for TANF, SNAP, LIHEAP or Medicaid are eligible for the Link Up or Lifeline programs if the service is made available by the local telephone or cellular company. These individuals will automatically receive a Telephone Assistance Program Notice to take to their local telephone or cellular company.

For additional information regarding the Link Up and Lifeline programs, refer to:

[Link Up and Lifeline Programs](#) (71kb pdf); or

[Link Up and Lifeline Programs for Tribal Areas](#) (76kb pdf)

**Free or Reduced School Lunch Program 448-01-50-50
(Revised 3/1/12 ML #3304)**

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School age children (ages 4 to 18) who are receiving SNAP or TANF, or both are automatically eligible for the Free or Reduced School Lunch Program through the Department of Public Instruction (DPI). DPI auto enrolls the children in the School Lunch Program from a daily electronic match and exchange with the Department of Public Instruction (DPI) to direct certify children for school meals.

Information regarding a child's receipt of TANF or SNAP can be provided to the school.

Systematic Alien Verification for Entitlements (SAVE) 448-01-50-55

Authority Reference 448-01-50-55-05 (Revised 3/1/12 ML #3304)

[View Archives](#)

Congress passed the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603, which required the U.S. Citizenship and Immigration Services (USCIS), under the Department of Homeland Security (DHS), to establish a system for verifying the immigration status of non-citizens applicants for, and recipients of, certain types of federally funded benefits, and to make the system available to Federal, state, and local benefit issuing agencies and institutions that administer such benefits.

Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), Public Law 104-193, restructured the welfare system in the United States and restricted immigrant eligibility for public benefits, thus expanding the need to verify immigration status by benefit-granting agencies. PRWORA, as codified at 8 U.S.C. §§ 1611 and 1621, defined “federal public benefits” and “state and local public benefits”.

Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Public Law No. 104-208, passed by Congress in 1996, required that DHS-USCIS respond to inquiries from federal, state, and local agencies seeking to verify or determine the citizenship or immigration status of any individual within the jurisdiction of the agency for any purposes authorized by law. Under this authority, agencies can use the SAVE Program for lawful purposes.

Purpose and Overview 448-01-50-55-10
(Revised 3/1/12 ML #3304)[View Archives](#)

The SAVE Program's mission is to provide government agencies (and other authorized users) with a tool to verify the immigration status of benefit-seeking applicants in a lawful and non-discriminatory manner when necessary to determine eligibility for the benefit. Established in 1987, the SAVE Program allows federal, state, and local benefit-granting government agencies (and other authorized users, including licensing bureaus), to check the immigration status of noncitizen and certain U.S. citizen applicants requesting benefits.

SAVE is maintained and operated by the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS), Verification Division. The SAVE Program provides the user with information about the immigration status of an applicant for a covered benefit, which may then be used by the user to determine eligibility for the benefit. In other words, the user determines whether or not an applicant is eligible for a specific benefit or license whereas the SAVE program provides the user with information necessary to make that determination.

USCIS makes the determination if an individual is an illegal alien. The worker does not make this determination and must not report an individual to USCIS as an illegal alien unless the following has occurred:

1. unlawful presence must be a finding of fact or conclusion of law that is made as part of a formal determination that is subject to administrative review on an alien's claim, and
2. the finding or conclusion of unlawful presence must be supported by a determination by USCIS or the Executive Office of Immigration Review, such as a Final Order of Deportation.

Required Documentation for SAVE Inquiry
448-01-50-55-15
(Revised 3/1/12 ML #3304)
[View Archives](#)

All alien applicants must present original documentation of alien registration; 8 U.S.C Section 1304 states that aliens in the United States must have immigration documentation in their possession at all times. Aliens without documentation should be referred to the nearest INS office to request new documentation prior to primary or secondary verification procedures.

When an alien has presented an USCIS document containing the individual's admission number or file number, the SAVE verification procedures must be used.

NOTE: United States citizens, United States born nationals, or refugees do NOT require verification be obtained through SAVE.

Requesting Access to SAVE 448-01-50-55-20 (Revised 3/1/12 ML #3304)

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To request access to SAVE the supervisor or county director must contact Public Assistance within the Department or your Regional Representative. The request must include the individual's:

- Full name (last name, first name, middle initial)
- Phone number
- E-mail address
- County

Public Assistance will e-mail the worker the login User ID and Password. Passwords are required to be changed every 90 days. For assistance with logging into SAVE, contact the Public Assistance Unit. System Support and Development (help desk) is not able to assist with SAVE.

NOTE: When county staff with access to SAVE terminates their employment, the county director must contact the Director of Public Assistance to have their SAVE access terminated.

Accessing SAVE 448-01-50-55-25 **(Revised 3/1/12 ML #3304)** [View Archives](#)

To access the SAVE verification information system, enter the following web address in your web browser or click on the link <https://save.uscis.gov/Web/vislogin.aspx?JS=YES>. The SAVE User Guide is available on the County Intranet in the Interface folder.

Users have three major categories available in SAVE:

- Case Administration has two selections available for querying and viewing the results of those queries: "Initial Verification" and "Search Cases."
- User Administration contains those functions that allow users to maintain their own account information. This includes "Change Password," "Password Challenge Q&A," and "Change Profile."
- Reports contain the link to the report launcher. The link is labeled "View Reports."

NOTE: After logging in the first time, it is recommended that users take the tutorial and review the online resources available at the top of the SAVE Home Page.

Online resources include tools that may be very helpful in determining eligibility such as the:

- **SAVE Program Guide**
- **Class of Admission (COA) Tables**
- **SAVE Training Course**
- **Web 3 User Guide**

Hold Harmless 448-01-50-55-30
(Revised 3/1/12 ML #3304)[View Archives](#)

When an applicant has presented an USCIS document containing the individual's alien admission number or alien file number, if the documents appear to be legitimate, the application must be processed within the appropriate time frame without waiting for receipt of additional verification from USCIS. A copy of the document must be included in the case file. Provided the document is in the case file, an error will not be cited should later verification result in ineligibility.

Example:

An individual applies and provides USCIS documents. When completing the SAVE inquiry, the worker is advised to request additional verification. The application must be processed within the appropriate time frame and the individual must be included in the case.

Types of USCIS Documents 448-01-50-55-35 **(Revised 3/1/12 ML #3304)**

[View Archives](#)

The following documents may be used to verify alien status:

I-551 - Resident Alien Card – This card - various versions of which have been issued since 1978 - is proof of LPR status. Now known as the "Permanent Resident Card," this card was previously known as the "Resident Alien Card" or "Alien Registration Receipt Card." These cards are also commonly referred to as "green cards," even though recent versions of these cards are multi-colored. Until 1989, these cards had no expiration date, but cards now being issued expire 10 years after the date of issue. At the end of the ten years, the LPR does not lose his or her status, but must simply renew the card. Conditional permanent residents are issued cards that are coded "CR" and expire after two years. All I-551 cards include codes showing how the individual obtained LPR status - whether through work skills, as the relative of a U.S. citizen or permanent resident, through the visa lottery, as a refugee or asylee, or otherwise. The cards also indicate the date on which the individual is considered to have obtained permanent resident status. This is often different from the date the person "entered" the U.S.

[I-551 - Permanent Resident Card \(237 kb pdf\)](#)

[I-551- Permanent Resident Cards \(237 kb pdf\)](#)

I-551 - Stamp in Foreign Passport -- When an immigrant is first admitted to the U.S. as an LPR, his or her passport is stamped with temporary proof of LPR status. This stamp, which has an expiration date, may also be placed on the immigrant's I-94 form. The stamp may be renewed as necessary up until the time the immigrant receives an I-551 Permanent Resident Card.

[I-551 - Stamp in Foreign Passport \(288 kb pdf\)](#)

I-151 - Resident Alien Card -- The I-151 is a version of the "green card" that was issued before 1978 as proof of LPR status. Over the years the USCIS issued several versions of the I-151 card. Although these cards bear no

expiration date, the USCIS decided to discontinue their use and issued regulations providing for their "expiration" as of March 20, 1996. If a person has an "expired" I-151, this does not mean that he or she has lost LPR status; it means only that the I-151 is no longer considered proof of the person's LPR status when he or she applies for a job or attempts to reenter the U.S. Individuals who still have the I-151 should apply for the I-551. Persons who have applied for the I-551 card to replace an earlier version, but who have yet to receive it, may have a receipt from the USCIS or some other document that serves as proof of their LPR status.

[I-151 - Resident Alien Card \(205 kb pdf\)](#)

I-94 - Arrival/Departure Record -- The I-94 is a 3"x5" card which is issued to almost all noncitizens upon entry to the U.S. It is also issued to individuals who entered the country without inspection and subsequently have contact with the USCIS. The card is stamped or handwritten with a notation that indicates the individual's immigration category or the extension category or the section of the law under which the person is granted admission or parole. The words "Employment Authorization" may also be stamped onto the card. Noncitizens with I-94s include LPR's, persons fleeing persecution, persons with permission to remain in the U.S. based on a pending application, persons in deportation or removal proceedings, nonimmigrants, and undocumented persons whose period of admission or parole has expired.

[I-94 - Arrival/Departure Record \(39 kb pdf\)](#)

I-688 - Temporary Resident Card -- Immigrants who legalized their status under the Immigration Reform and Control Act of 1986 (IRCA) were first granted temporary resident status. The temporary resident card has a green stripe on the top. The expiration date on the front of the card is extended by stickers placed on the back. The immigrant may still be in lawful status, even if the I-688 or sticker has expired. The card will be marked at the bottom center with the numbers "245A" or "210" to indicate whether the person legalized under the general amnesty (INA § 245a program or the farmworker SAW or INA § 210) program.

[I-688 - Temporary Resident Card \(164 kb pdf\)](#)

I-688B - Employment Authorization Document (EAD) -- This document is an earlier version of the Employment Authorization Document for immigrants

who have been granted permission to work in the U.S. As with the I-766, there are codes on the front of the card that indicate the person's immigration status and refer to the section of the regulation authorizing employment.

[I-688B - Employment Authorization Document \(EAD\) \(75 kb pdf\)](#)

I-766 - Employment Authorization Document (EAD) -- This document is one of several that indicate an immigrant has been granted permission to work in the U.S. Codes on the front of the card indicate the person's immigration status by referencing the subsection of the regulation authorizing employment.

[I-766 - Employment Authorization Document \(EAD\) \(63 kb pdf\)](#)

I-571 - Refugee Travel Document -- The refugee travel document is issued to refugees and asylees in the U.S. who want to travel abroad, and to lawful permanent residents who adjust to LPR status after having received refugee or asylee status. The document is used like a passport to enter other countries and return to the U.S.

[I-571 - Refugee Travel Document \(88 kb pdf\)](#)

N-550 and **N-570** - Certificates of Naturalization -- These documents are issued to persons who become U.S. citizens through the naturalization process. The N-550 is the original certificate of naturalization issued by the court. The N-570 is a replacement certificate issued by the USCIS when the original is lost or destroyed.

[N-550 and N-570 - Certificates of Naturalization \(666 kb pdf\)](#)

N-560 and **N-561** - Certificates of Citizenship -- A certificate of citizenship can be obtained by U.S. citizens born abroad who acquired citizenship at birth through a U.S. citizen parent. It can also be obtained by citizens who derive citizenship when their parents naturalized, and by those adopted by U.S. citizens. The N-561 is a replacement certificate.

[N-560 - Certificates of Citizenship \(219 kb pdf\)](#)

I-179 and **I-197** - U.S. Citizen ID Cards -- these two identification documents were issued to U.S. citizens, but they are no longer used by USCIS. Cards previously issued to U.S. citizens remain valid indefinitely.

[I-179 and I-197 - U.S. Citizen ID Cards \(607 kb pdf\)](#)

Review of Eligibility Determinations and Issued Benefit Amounts 448-01-55

Case File Review 448-01-55-05

(Revised 12/1/12 ML #3352)

[View Archives](#)

Reviewing case files is a way for county and state staff to determine the accuracy of eligibility determinations. In addition, case file reviews can:

1. Improve the quality of services to applicants and recipients.
2. Result in early detection of potential errors.
3. Improve payment accuracy and program integrity.
4. Provide consistency in interpreting and applying policies.
5. Provide opportunities for program improvements.
6. Recognize good work.

SNAP mandates case file reviews as a tool for ensuring payment accuracy. Each county is required to review one active case and one negative action for each SNAP worker each month. Reviews are to be submitted via email or regular mail to the State Office. Reviews are recorded based on the CASE REVIEW DATE.

Other programs recommend periodic case file reviews. Cases for review should be **randomly** selected. When completing the review, the following forms are available:

- [SFN 701](#) - Case Review
- [SFN 488](#) - SNAP Case Review
- [SFN 293](#) - SNAP Negative Case Review

- [SFN 337](#) - SNAP Claim Review
- [SFN 500](#) - SNAP Targeted Case Review
- [SFN 1494](#) - CCAP Program Review Worksheet
- [SFN 655](#) – LIHEAP Case Review

Guideline for Completing Case File Reviews

448-01-55-05-05

(Revised 3/1/12 ML #3304)

[View Archives](#)

The following are recommended guidelines for completing case file reviews. A review is considered complete based on the review date. The appropriate case file review form should be used and submitted to the regional representative.

Active Case Reviews

1. All cases must be reviewed based solely on program policy. The information found in the case file, eligibility system, system notices and narratives are the only items taken into consideration.
2. Determine the timeframe for the review. Reviews should be completed from the most recent application or review forward to the current benefit month.
3. Review the most recent application, review and report forms to ensure all questions were answered completely by the applicant, recipient or worker and it is signed and dated.
4. For SNAP, determine if eligibility for expedited services was correctly determined and documented.
5. If an interview is completed, ensure the date and person interviewed is recorded.

For SNAP if a face-to-face was waived, ensure the reason is documented.

6. Review the documents to ensure all required verifications are present (i.e. identify, SSN, residence, citizenship, etc) and date stamped.

7. Ensure alerts and appropriate interfaces were reviewed. (i.e. New Hire, FACES, TPQY, Motor Vehicle, IEVS, UIB, SDX, TPQY, Vital Statistics)
8. Review household composition to ensure all required household members are included and coded correctly.
9. Review eligibility system(s) to ensure information was entered accurately and correct coding was used.
10. Review program budget(s) to ensure benefits were correctly determined.
11. Ensure applications and reviews were processed timely and ongoing benefits were issued timely. If not met, ensure the reason is documented.
12. Review notices to ensure correct notice(s) were sent and appropriate wording was used. (i.e. application approval, review approval, changes, closing.)
13. Ensure the appropriate eligibility period was assigned.
14. Review narrative to determine if all elements used in determining eligibility were addressed. (i.e. expedited processing, household composition, living arrangement, income, assets, expenses)
15. If no corrective action is required, recognize good work.
16. If corrective action is required, record all required corrective actions.
17. Review and verify all required corrections were completed. If an error was found were the appropriate months reworked based on program policy.

Negative Case Reviews

In addition to the steps above, the following are recommended guidelines for completing negative case file reviews. The appropriate case file review form should be used and submitted to the regional representative.

1. When reviewing negative actions (denials or closings) it is important to review all elements that led up to the negative action.
2. Review notices to ensure correct denial or closing notice was sent and appropriate wording was used. (i.e. 10-day advance or adequate notification)

Claim Reviews

The following are recommended guidelines for completing case file reviews for claims. The appropriate case file review form should be used and submitted to the regional representative.

1. When reviewing claims, it is important to ensure the appropriate timeframe, based on program policy, was applied in the claim determination.
2. Ensure the correct income, based on program policy, was used in calculating the claim.
3. Ensure the 'PV' code or income disregards were removed if the applicant or recipient failed to report earned income.
4. Ensure the correct error cause and over payment notices were used.
5. For SNAP, ensure the appropriate timeframe was allowed for the individual to respond to the Demand for Payment letter before starting the recoupment process.
6. If appropriate, review to determine if a referral for IPV was made and correct IPV procedures were followed.

Quality Assurance - Control (QA - QC) 448-01-55-10**Purpose of Quality Assurance - Control (QA - QC)
448-01-55-10-05****(Revised 12/1/12 ML #3352)**[View Archives](#)

The North Dakota Department of Human Services, Economic Assistance Policy Division includes a QA - QC unit in accordance with state and federal regulations to provide data on the accuracy for SNAP and Medicaid eligibility and issued benefits amounts. The QA - QC unit also reviews CCAP, LIHEAP, and TANF eligibility and issued benefit amounts in accordance with state CCAP, LIHEAP, and TANF policy. The data is used to determine program accuracy rates, as a management tool by state and federal administrators and a fiscal audit to validate expenditures.

QA - QC is a continuous review of a statistically valid, reliable, statewide random sample of active and negative (closed or denied) SNAP and Medicaid cases and active CCAP, LIHEAP, and TANF only cases. SNAP cases are also reviewed for timeliness of application processing. The review process includes:

- Review of case files
- Recipient interviews
- Collateral contacts to verify elements of eligibility defined by federal regulations, taking into account all approved waivers and State options that have been implemented at the time of sampled review month.

The U.S. Department of Agriculture (USDA) subsequently completes a re-review of a portion of sampled cases and annually completes a SNAP QC management review. The Centers for Medicare and Medicaid Services (CMS), periodically completes Medicaid QC management reviews.

Quality Assurance - Control (QA - QC) Review 448-01-55-10-10

(Revised 12/1/12 ML #3352)

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The QA - QC review will be conducted independently of the county staff. The reviewer will obtain information from the applicant or recipient's case file and other records in the county social service office. The records obtained will be the reviewer's primary source of information regarding the worker's action and documentation in determining eligibility. The reviewer will also make collateral contact to establish all elements of eligibility.

Reviews will be conducted based on state policies and federal regulations in effect at the time of the sampled review month.

Quality Assurance - Control (QA - QC) Review Findings 448-01-55-10-15

(Revised 12/1/12 ML #3352)

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QC will send review findings of each review via e-mail to the designated county staff, regional representative and program administrators.

- Correct cases - Review findings are informational only and do not require a response.
- Error cases – County staff must respond within 20 days of the error notice to the appropriate program administrator, with a copy to the regional representative, QA Administrator, and QC Administrator acknowledging agreement or disagreement of the finding. If the county disagrees with the finding, the response must include sufficient information to challenge the review finding.

The program administrator, QA Administrator, and the QC Administrator will review all challenges and either agree or disagree. The program administrator will respond electronically to county staff with a copy to the regional representative, QA Administrator, and QC Administrator. If the challenge results in a change of the original review finding, a revised finding will be issued.

Upon request, QA - QC will provide county staff with a copy of the complete review or verifications obtained during the review to correct the case or challenge a finding. Requests for verifications must be directed to the QA Administrator and QC Administrator.

Household Refusal to Cooperate with Quality Control (QC)
448-01-55-10-20
(Revised 3/1/12 ML #3304)
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A SNAP household must cooperate with QC as a requirement of eligibility. QC will notify county staff when a household refuses to cooperate. When a household refuses to cooperate with a SNAP QC review, see [SNAP policy](#) at 430-05-20-40-05 and 430-05-67-15-10.

Medicaid and TANF households are not required to cooperate with QC. QC will notify county staff when a household refuses to cooperate. Due to the non-cooperation, the worker may conduct a complete redetermination of eligibility.

**Payment Error Rate Measurement (PERM) 448-01-55-15
(Revised 3/1/12 ML #3304)**[View Archives](#)

The Improper Payments Information Act of 2002, enacted on November 26, 2002, requires Federal agencies to review the Medicaid and CHIP programs to estimate the amount of improper payments, to report those estimates to the Congress, and to submit a report on actions the agency is taking to reduce erroneous expenditures. These reviews are conducted to determine whether the sampled cases meet applicable Medicaid and CHIP fee-for-service, managed care, and eligibility requirements. Generally, PERM is conducted in 17 states annually; therefore a single state typically participates in the program once every three years.

The state is required to:

- Perform active and negative case reviews on statewide random samples of Medicaid and Healthy Steps (ND's CHIP Program) active cases.
- Submit monthly reports to CMS
- Calculate error rate measurements and submit to CMS
- Assess underlying causes for errors and develop a Corrective Action Plan

PERM reviews must be conducted by an agency independent (i.e., such as the Quality Control Unit or an independent contractor) of the State agency responsible for Medicaid and Healthy Steps policies, operations, and program eligibility determinations.

Child Care and Development Fund (CCDF) Error Rate Review 448-01-55-20

(Revised 12/1/12 ML #3352)

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The Improper Payments Information Act of 2002, enacted on November 26, 2002, requires Federal agencies to review the Child Care Assistance Program (CCAP) to estimate the amount of improper payments, to report those estimates to the Congress, and to submit a report on actions the agency is taking to reduce erroneous expenditures. These reviews are conducted to determine whether the sampled cases meet applicable CCDF eligibility requirements and improper payments. Generally, CCDF error rate reviews are conducted in 17 states annually; therefore a single state typically participates in the program once every three years.

The state is required to:

- Perform active and negative case reviews on statewide random samples of CCAP active cases.
- Submit reports to the Administration of Children and Families (ACF)
- Calculate error rate measurements and submit to ACF
- Assess underlying causes for errors and develop a Corrective Action Plan

CCDF reviews for CCAP must be conducted by an agency independent (i.e., such as the Quality Assurance - Control Unit or an independent contractor) of the State agency responsible for CCAP policies, operations, and program eligibility determinations.

Forms 448-01-60

SFN 162 - Request for Hearing 448-01-60-05 (Revised 3/1/12 ML #3304)

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The [SFN 162](#) is available through the Department and may also be obtained electronically via E-Forms.

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

SFN 293 - SNAP Negative Case Review 448-01-60-10
(Revised 3/1/12 ML #3304)
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The [SFN 293](#) is available through the Department and may also be obtained electronically via E-Forms.

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

SFN 337 - SNAP Claim Review 448-01-60-15
(Revised 3/1/12 ML #3304)
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The [SFN 337](#) is available through the Department and may also be obtained electronically via E-Forms.

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

SFN 488 - SNAP Case Review 448-01-60-20
(Revised 3/1/12 ML #3304)
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The [SFN 488](#) is available through the Department and may also be obtained electronically via E-Forms.

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

SFN 500 - SNAP Targeted Case Review 448-01-60-25
(Revised 3/1/12 ML #3304)
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The [SFN 500](#) is available through the Department and may also be obtained electronically via E-Forms.

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SFN 655 - LIHEAP Case Review 448-01-60-30
(Revised 3/1/12 ML #3304)
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The [SFN 655](#) is available through the Department and may also be obtained electronically via E-Forms.

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

SFN 700 - Case Transfer Log 448-01-60-35
(Revised 3/1/12 ML #3304)
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SFN 701 - Case Review 448-01-60-40
(Revised 3/1/12 ML #3304)
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E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

SFN 1494 - Child Care Assistance Program Review
Worksheet 448-01-60-45
(Revised 3/1/12 ML #3304)
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**SFN 970 - Multi-Agency Authorization to Disclose
Information 448-01-60-50
(Revised 3/1/12 ML #3304)**
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E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

SFN 1032 - Request from Law Enforcement 448-01-60-55
(Revised 3/1/12 ML #3304)
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The [SFN 1032](#) is available through the Department and may also be obtained electronically via E-Forms.

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

**SFN 1050 - PARIS Match (Duplicate Benefits) Out-of-State
Inquiry 448-01-60-60
(Revised 3/1/12 ML #3304)**
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The [SFN 1050](#) is available through the Department and may also be obtained electronically via E-Forms.

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

SFN 1059 - Authorization to Disclose Information
448-01-60-65
(Revised 3/1/12 ML #3304)
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The [SFN 1059](#) is available through the Department and may also be obtained electronically via E-Forms. (193 kb pdf)

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

SFN 1784 - Appeal Background Report 448-01-60-70
(Revised 3/1/12 ML #3304)
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SFN 1940 - TANF/SNAP/CCAP Notice of IPV 448-01-60-75
(Revised 3/1/12 ML #3304)
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The [SFN 1940](#) is available through the Department and may also be obtained electronically via E-Forms.

E-Forms are presented in Adobe Acrobat and require the Adobe Acrobat reader. If you do not currently have Adobe Acrobat reader installed, you may download a free copy by clicking the Get Adobe Reader icon below.

DN 1087 - Legal Service Organizations 448-01-60-80
(Revised 3/1/12 ML #3304)
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The [DN 1087](#) is available on the county intranet.